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THE  
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“IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNEMANN, WE ARE LOST, AND DESERVE TO BE MENTIONED ONLY AS A CAPTURE IN THE HISTORY OF MEDICINE.”—*Constantine Hering*.

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EDITED BY

EDMUND J. LEE, M. D.,

AND

WALTER M. JAMES, M. D.

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INDEX

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# INDEX

TO THE

## VOLUME VIII.

	PAGE		PAGE
Abrotanum, with Clinical Cases. J. T. Kent, M. D., . . . . .	58	Ailanthus Glandulosa. John V. Allen, M. D., . . . . .	67
Acetic Acid, . . . . .	142	Aletris Formosa. Clinical Notes on Characteristics. C. Carleton Smith, M. D., and E. J. Lee, M. D., . . . . .	221
Aconite. A. B. Eadie, M. D., . . . . .	259	Allen, Professor T. F., M. D. Lecture upon the <i>Organon</i> , . . . . .	1
The Abuse of (Note), . . . . .	276	Allen, John V., M. D. Ailanthus Glandulosa, . . . . .	67
Post-Partum and other Hemorrhages. Hamilton Evans, M. D., . . . . .	298	Allen, John V., M. D. Therapeutics of the Throat; <i>Æsculus Hip.</i> , . . . . .	64
Acon., . . . . . 92, 93, 109, 130, 142, 172, 298, 357, 383, 405, 425, 453, 519, 538, 545	407	Allen, John V., M. D. Carcinoma, . . . . .	656
Actea racemosa, . . . . .	132	Allium Cepa. Clinical Notes on Characteristics. C. Carleton Smith, M. D., and Edmund J. Lee, M. D., . . . . .	223
Actea Spicata, . . . . .	80	Allium Satiya. Clinical Notes on Characteristics. C. Carleton Smith, M. D., and Edmund J. Lee, M. D., . . . . .	225
Adams, Edward, M. D. China Remedies for Post-Partum Hemorrhage, . . . . .	121	Aloe Socotrina, an Anti-psoric Remedy. W. P. Wesselhoft, M. D., . . . . .	576
Cina, . . . . .	256	Aloes, . . . . . 42, 73, 110, 282, 580, 589	589
Hamamelis. Post-Partum and other Hemorrhages, . . . . .	298	Alumen, . . . . . 44, 108	108
Helleborus, . . . . .	421	Alumina, . . . . . 365, 439, 530, 551, 569, 589	589
Helonias Dioica. Post-Partum and other Hemorrhages, . . . . .	297	Ambra Grisea. Horace Still, M. D., . . . . .	126
Hyoscyamus, Post-Partum and other Hemorrhages, . . . . .	297	Ambra, . . . . . 70, 125, 129, 589	589
Pulsatilla Remedies for Post-Partum Hemorrhages, . . . . .	202	American Institute of Homœopathy, . . . . .	275, 450
Address on Hospital and Dispensary Clinics and the Art of Prescribing. By Prosper Bender, M. D. Review of, . . . . .	386	American Institute of Homœopathy; Transactions of; Review of, . . . . .	48, 667
Address before the International Hahnemannian Association at its Ninth Annual Meeting. Dr. Wm. P. Wesselhoft, . . . . .	387	Ammon. brom., . . . . . 67	67
Adhesions following Pelvic Peritonitis. J. M. Dutton, M. D., . . . . .	383	Ammonium carb., . . . . . 40, 69, 94, 125, 142	142
Ægidi, . . . . .	205	Ammon. mur., . . . . . 93, 127, 365, 589	589
Æsculus Hippocastanum: Therapeutics of the Throat. John V. Allen, M. D., . . . . .	64	Anacardium, . . . . . 126, 142, 365, 589, 597	597
Æsculus Hippocastanum, . . . . . 64, 81, 142, 365	365	Analytic Study. Edward Fornias, M. D., . . . . .	485
Æthusa, . . . . . 83, 282, 589	589	Anchylosis, Remediable. Geo. H. Clark, M. D., . . . . .	418
Agarius Emeticus, . . . . .	86	Andrews, Dr. H. W. Clinical Notes. . . . .	185
Agarius Muscarius. Clinical Notes on Characteristics of. C. Carleton Smith, M. D., and E. J. Lee, M. D., . . . . .	144	Annual of the Universal Medical Sciences. Dr. Charles E. Sajous. Review of, . . . . .	619
Agarius musc., . . . . . 118, 125, 170, 377	377	Another, . . . . .	158
Agnus Castus. Clinical Notes on Characteristics. E. J. Lee, M. D., and C. Carleton Smith, M. D., . . . . .	150	Another Medical School, . . . . .	450
Agnus castus, . . . . . 142, 589	589	Answer to Dr. Jamison's Case for Counsel. F. H. Lutze, M. D., . . . . .	131
Ailanthus. Clinical Notes on Characteristics. C. C. Smith, M. D., and E. J. Lee, M. D., . . . . .	218	Anthraxinum, . . . . .	573
		Antimonium crudum, . . . . .	365
		Antimon. tart., . . . . .	130, 453
		"Aphorisms," Boenninghausen's. Translated by Wm. P. Wesselhoft, M. D., . . . . .	32
		Apis Mellifica. Post-Partum and other Hemorrhages. J. D. Tyrrell, M. D., . . . . .	296

	PAGE		PAGE
Apis. W. J. Hunter Emory, M. D., . . .	420	Borax, . . . . .	176
Apis, . . . . . 4, 76, 117, 131, 132, 185, 197,		Bovista, . . . . .	545
265, 270, 281, 352, 372, 383, 446, 618		Bromium, . . . . .	138
Apocynum Cannabinum. Post-Par-		Brownell, Dr. Report of a Case of	
tum and other Hemorrhages. W. J.		Diphtheria, . . . . .	541
Hunter Emory, M. D., . . . . .	296	Bryonia Alba, Post-Partum and other	
Apocynum, . . . . .	305	Hemorrhages. W. J. Hunter Emory,	
Aqua Sanicula, Some Clinical Notes		M. D., . . . . .	297
Upon. G. W. Sherbino, M. D., . . . . .	439	Bryonia, . . . . . 5, 16, 91, 101, 109, 110,	
Argentum, . . . . .	153, 185	140, 155, 173, 185, 206, 354, 356, 366, 372,	
Argent. nit., . . . . . 68, 77, 243, 326, 466,		455, 528, 538, 554, 589, 639	
589, 598, 654		Bufo, . . . . .	545
Arnica Montana. Post-Partum and		Butler, Clarence Willard, M. D. Clinical	
other Hemorrhages. W. J. Hunter		Notes, . . . . .	93
Emory, M. D., . . . . .	296	Butler, Clarence Willard, Sec. Proceed-	
Arnica, . . . . . 14, 67, 109, 142, 549, 589, 616		ings of the New York Hom. Union,	
Arsenicum alb., . . . . . 2, 15, 19, 103, 109,		299, 486	
127, 142, 183, 185, 263, 270, 311, 313, 327,		Butler, Clarence W., M. D. Locomotor	
407, 439, 468, 496, 571, 589, 665		Ataxy—A Clinical Case, . . . . .	651
Ars. iodid., . . . . .	138	Cactus, . . . . .	589
Artesisia-vulg., . . . . .	598	Cajeput, . . . . .	593
Arum-tri., . . . . .	15, 290, 328	Caladium, . . . . .	153
Asafetida, . . . . .	589, 598	Calcarea. Remedies for Post-Partum	
Asphyxia Neonatorum, . . . . .	130	Hemorrhage. J. D. Tyrrell, M. D., . . .	120
Asterias Rubens. Geo. H. Clark, M.		Calcarea carb., . . . . . 101, 149, 153, 173,	
D., . . . . .	20	185, 268, 282, 446, 524, 548, 553, 589, 598, 649	
Asterias rubens, . . . . .	18	Calcarea fluorica, . . . . .	169
Atlantic City, . . . . .	449	Calcarea phosphorica, . . . . . 59, 69, 169, 171	
Atropinum, . . . . .	67, 545	Calcarea sulph., . . . . .	171
Aurum, . . . . .	125, 589	Calendula, . . . . .	109, 142
Baer, Dr. O. P. Notice of Death of, . . .	532	California Homœopath, The. Notice	
Baker, W. H., M. D. Hydrastic Cana-		of, . . . . .	48
densis, . . . . .	243	Cameron, Elizabeth W. M., M. D. Clinical	
Baker, W. H., M. D. The Rochester		Notes, . . . . .	370
Hahnemannian Society, . . . . . 242, 360,		Campbell, Alice B., M. D. A Peculiar	
496, 538		Case, . . . . .	665
Ballard, Dr. E. A. Notice of, . . . . .	450	Camphora, . . . . .	425
Baptisia, . . . . . 15, 180, 181, 196, 242		Cancer, A Diagnostic Sign of. A. Mc-	
Baruch, Dr. A Note on Theridion, . . .	331	Neil, M. D., . . . . .	130
Baryta carb., . . . . . 62, 170, 553, 589		Cannabis-ind., . . . . . 149, 185, 545	
Bastinado for Asphyxia. Ida F. Nor-		Cantharis, . . . . . 142, 205, 572, 573	
ris, M. D., . . . . .	89	Capsicum, . . . . .	185, 247
Bayard, Edward, M. D. A Clinical		Carbo Animalis. Therapeutics of the	
Case, with Comments, . . . . .	616	Throat. E. Cranch, M. D., . . . . .	226
Baylies, B. L. B., M. D. Clinical Con-		Carbo animalis, . . . . . 143, 407	
firmation of High Potencies, . . . . .	40	Carbo Vegetabilis. Therapeutics of the	
Baylies, B. L. B., M. D., Sepia. Therapeu-		Throat. E. Cranch, M. D., . . . . .	228
tics of the Throat, . . . . .	231	Carbo veg., . . . . . 4, 16, 127, 325, 552, 574, 641	
Belladonna. John Hall, Sr., M. D., . . .	253	Carbn. s., . . . . .	67
Belladonna. Remedies for Post-Par-		Carcinoma. John V. Allen, M. D., . . .	656
tum Hemorrhage. Hamilton Evans,		Carlsbad, . . . . .	594
M. D., . . . . .	119	Case for Counsel, A. M. R. Jamison,	
Belladonna, . . . . . 19, 41, 93, 101, 110,		M. D., . . . . .	87
130, 137, 141, 142, 149, 183, 196, 210, 265,		Case, A Peculiar. Alice B. Campbell,	
270, 272, 281, 316, 328, 344, 372, 373, 407,		M. D., . . . . .	665
455, 497, 528, 545, 660		Cases from Practice. B. Simmons, M.	
Bell on Diarrhœa. Note of, . . . . .	275	D., . . . . .	648
Bender, Prosper, M. D. Address upon		Caulophyllum, Post-Partum and other	
Hospital and Dispensary Clinics and		Hemorrhages. Hamilton Evans, M.	
the Art of Prescribing, . . . . .	386	D., . . . . .	299
Berberis Case, A. B. Simmons, M. D., . . .	650	Cauloph., . . . . .	243, 361
Berberis, . . . . . 41, 69, 361, 569, 650		Causticum, Analytic Study of Ed-	
Berridge, E. W., M. D. Clinical Cases		ward Fornias, M. D., . . . . .	485
and Provings, . . . . .	547	Causticum, . . . . . 76, 407, 428, 528, 550,	
Fish Brine Odor, . . . . .	185	575, 589, 598	
A Case of Suppressed Gonorrhœa, . . .	315	Central New York Homœopathic Med-	
A Gynæcological Case, . . . . .	425	ical Society, Proceedings of, . . . . .	100
Mattæism, the latest Craze, . . . . .	560	Cepa, . . . . .	108
Bœnninghausen. Tabes Dorsalis and		Cerebral Congestion. William Haw-	
Aluminum Metallicum, . . . . .	526	ley, M. D., . . . . .	155
Bœnninghausen's Aphorisms. Transla-		Chamomilla in Puerperal and other	
tion of. Wm. P. Wesselhoft, M.		Convulsions. L. Hamilton Evans,	
D., . . . . .	32	M. D., . . . . .	258
Book Notices and Reviews, . . . . .	48, 95,	Chamomilla, Post-Partum and other	
157, 211, 275, 331, 386, 448, 506, 556, 619, 667		Hemorrhages. J. D. Tyrrell, M. D., . . .	295



# INDEX.

V

	PAGE		PAGE
Chamomilla, . . .	97, 183, 208, 453, 456, 589	Close, Stuart, M. D. Clinical Cases,	91, 329
Characteristics, Clinical Notes on. See		Close, Stuart, M. D. Tracheotomy—A	
“Clinical Notes on Characteristics.”		Plea for Natural Death, . . . . .	340
Characteristics of the Ten Tissue Remedies. E. J. L., . . . . .	169	Cobalt, . . . . .	154
Characteristics as Taught by Hahnemann, Edmund J. Lee, M. D., . . . . .	451	Colchicum, . . . . .	16, 69, 70, 209, 454
Chase, C. E., M. D. Rhus Toxicodendron. Therapeutics of the Throat, . . . . .	193	Colocynth, . . . . .	112, 469, 643
Chelidonium. C. Carleton Smith, M. D., . . . . .	185	Complete Hand-Book of Treatment, by William Aitken, M. D., Notice of, . . . . .	48
Chelidonium, . . . . .	185, 366, 589	Cocaine, A Peculiar Symptom of. Wm. Jefferson Guernsey, M. D., . . . . .	596
China. Remedies for Post-Partum Hemorrhage. Edward Adams, M. D., . . . . .	121	Cocculus indicus, . . . . .	41
China, . . . . .	4, 16, 104, 111, 121, 153, 170, 204, 205, 283, 286, 455, 456, 505, 553, 589	Coccus cacti, . . . . .	316
Chininum Sulph., A Case of Fatal Poisoning by. S. L., . . . . .	179	Codein, . . . . .	149
Chin. sulph., . . . . .	69	Coffea cr., . . . . .	95
Choice of a Doctor, The, . . . . .	96	Cohen, S. W., M. D. Gynaecology, . . . . .	435
Chronic Diseases. E. J. L., . . . . .	335	Colchicum, . . . . .	16, 69, 70, 209, 454
Cicuta Virosa. W. J. Hunter Emory, M. D., . . . . .	254	Colocynth, . . . . .	112, 183, 439, 469
Cicuta Virosa, A Verification of. Alfred Heath, Esq., . . . . .	186	Comparisons of Aconite with Apis and Gelsemium in Fevers, . . . . .	383
Cicuta, . . . . .	125, 149, 186, 598	Conium, . . . . .	125, 154, 328, 548, 570, 573, 589, 595, 652
Cimic, . . . . .	149	Constipation, and Some of the Most Prominently Indicated Remedies in its Treatment. Alex. C. Hermance, M. D., . . . . .	364
Cina. Edward Adams, M. D., . . . . .	256	Constipation, Prolonged. Dr. W. S. Gee, . . . . .	43
Cina, . . . . .	32, 149, 644	Contagious Diseases caused by Acute Miasmata. T. Dwight Stow, M. D., . . . . .	49
Cinchona, . . . . .	205	Contradictory Symptoms, . . . . .	327
Cinnamomum. Remedies for Post-Partum Hemorrhage. John Hall, Sr., M. D., . . . . .	203	Contributions to the Study of the Heart and Lungs, by James R. Leaming, M. D., Notice of, . . . . .	157
Circulation of the Blood, Forces Engaged in. C. W. Spalding, M. D., . . . . .	542	Convulsions, Puerperal and other, . . . . .	253, 254, 255, 256, 257, 258
Cistus. Therapeutics of the Throat. E. J. Lee, M. D., . . . . .	8	Corallum rub., . . . . .	125
Cistus can., . . . . .	4, 68, 69	Correction, A. S. L., . . . . .	384
Clark, Geo. H., M. D. Remediable Anchylosis, . . . . .	418	Corrections, see “Errata.”	
Clark, Geo. H., M. D. Asterias Rubens, . . . . .	20	Correspondence. Robt. Farley, M. D., . . . . .	447
Clark, Geo. H., M. D. In Memoriam Ad. Fellger, M. D., . . . . .	501	Counsel, A Case for. M. R. Jamison, M. D., . . . . .	87
Clark, Geo. H., M. D. Therapeutics of Throat. Ignatia, . . . . .	9	Cranch, Edward, M. D. Carbo Animalis, . . . . .	226
Clark, Geo. H., M. D. Some Symptoms of Sycoosis, . . . . .	398	Carbo Vegetabilis, . . . . .	228
Clark, Geo. H., M. D. Typhoid Fever, . . . . .	635	Cranch, Edward, M. D. Selections of Characteristic Symptoms, Hahnemann’s Organon. Paragraph 153, . . . . .	404
Class-Room Talks, from Lectures of Prof. J. T. Kent. S. L. G. L., . . . . .	34, 97, 239, 324, 343, 474	Cranch, Edward, M. D. Therapeutics of the Throat, . . . . .	226
Clinical Cases. F. E. Stoaks, M. D., . . . . .	438	Criticism of Dr. Holmes, A. J. T. Kent, M. D., . . . . .	639
Clinical Cases. Stuart Close, M. D., . . . . .	91, 329	Crocus Sativus. Remedies for Post-Partum Hemorrhage. W. J. Hunter Emory, M. D., . . . . .	122
Clinical Case, with Comments, A. Edward Bayard, M. D., . . . . .	616	Crocus sativus, . . . . .	41, 143, 598
Clinical Cases and Provings. E. W. Berridge, M. D., . . . . .	547	Crotalus, . . . . .	102
Clinical Cases, Some. Geo. W. Sherbino, M. D., . . . . .	179	Croton Tiglium. J. H. Hamer, M. D., . . . . .	320
Clinical Case with Appendices. J. N. Lowe, M. D., . . . . .	137	Crot-tig., . . . . .	235
Clinical Notes. Elizabeth W. M. Cameron, M. D., . . . . .	370	Croup and its Management. By Thomas Nichol, M. D. Review of, . . . . .	386
Clinical Note, A, . . . . .	328	Cup-m., . . . . .	589
Clinical Notes. H. W. Andrews, M. D., . . . . .	185	Diabetes, Physiology and Pathology of. Notice of, . . . . .	386
Clinical Notes. Clarence Willard Butler, M. D., . . . . .	93	Diagnostic Remarks, Some. J. M. Miller, M. D., . . . . .	615
Clinical Notes on Characteristics. C. Carleton Smith, M. D., and Edmund J. Lee, M. D., . . . . .	39, 80, 144, 218	Dietetics. Its Bearing on Special and General Tissue Building. W. J. Thayer, D. D. S., M. D., . . . . .	346
Clinical Report of Three Cases Treated by R. B. Johnstone, M. D., . . . . .	660	Dietetic Case, A. A. McNeil, M. D., . . . . .	345
Clinical Verifications. H. C. Morrow, M. D., . . . . .	305	Dietetic Case, Notes on a. S. L., . . . . .	479
Clinical Work, . . . . .	334	Digitalis, . . . . .	76, 154, 207, 616

Diphtheria with Convulsions Cured, A Case of. William H. Krause, M. D., . . . . . 271

	PAGE		PAGE
Diphtheria, Report of a Case of. Dr. Brownell, . . . . .	541	Evans, Hamilton, M. D. Erigeria. Post-Partum and other Hemorrhages, 299	
Direction of Symptoms, The, . . . . .	438	Evans, Hamilton, M. D. Hyoscyamus, 422	
Discussion from Transactions of I. H. A., 1888, . . . . .	586	Evans, Hamilton, M. D. Ustilago. Remedies for Post-Partum Hemorrhage, . . . . .	200
Disease, A Terrible, . . . . .	59	Examination of the Patient for a Homœopathic Prescription, The. P. Wells, M. D., . . . . .	509
Domestic Cook Book. By Mrs. J. H. Pulte. Notice of, . . . . .	448	Excessive Venery, Masturbation, etc. By Joseph W. Howe, M. D. Review of, . . . . .	556
Dose, The. P. P. Wells, M. D., . . . . .	623	Experience, A First. F. M. Gustin, M. D., . . . . .	182
Drug, How to find the. N. W. Vandenburg, M. D., . . . . .	632	Faith Cures, . . . . .	276
Dulcamara, Lecture on. Dr. A. McNeill, . . . . .	60	Farley, Robt., M. D. Correspondence, 447	
Dulcamara, . . . . .	17, 546	Farley, Robt., M. D. Rhus Rad. <i>versus</i> Rhus Tox., . . . . .	313
Dutton, J. M., M. D. Adhesions following Pelvic Peritonitis, . . . . .	382	Farley, Robt., M. D. Taking the Case, 25	
Dutton, J. M., M. D. Sulphur in Melancholia, . . . . .	380	Ferrum. Remedies for Post-Partum Hemorrhage. A. B. Eadie, M. D., . . . . .	123
Dysentery, A Case of. Rev. J. K. Men- denhall, . . . . .	90	Ferrum, . . . . .	170, 470, 616
Dyspnoea, Fresh Air, . . . . .	4	Ferrum phos., . . . . .	172
Eadie, A. B., M. D. Aconite, . . . . .	259	Fifty Reasons for Being a Homœopath. By Compton Burnett, M. D. Review of, . . . . .	331
Eadie, A. B. Ferrum, Remedies for Post-Partum Hemorrhage, . . . . .	123	Fish-Brine Odor. E. W. Berridge, M. D., . . . . .	185
Eadie, A. B., M. D., Nux Vomica, . . . . .	423	Fitz, W. H. A., M. D. The <i>Organon</i> , Section 153, . . . . .	599
Eadie, A. B., M. D., Phosphorus. Remedies for Post-Partum Hemorrhage, 201		Fluoric acid, . . . . .	127, 458
Eadie, A. B., M. D. Platina. Post-Partum and other Hemorrhages, . . . . .	293	Fox's Atlas and Text-Book of Skin Diseases, Notice of, . . . . .	157, 211, 333, 667
Eadie, A. B., M. D. Stramonium. Post-Partum and other Hemorrhages, . . . . .	294	For Sale, . . . . .	89, 212, 506
Eadie, A. B., M. D. Sulphuric Acid. Post-Partum and other Hemorrhages, 294		Fornias, Edward, M. D. Analytic Study—Causticum, . . . . .	485
Editorial Notes. E. J. Lee, M. D., . . . . .	621	Fragments. Dr. Flora Waddell, . . . . .	444
Elliott, J. B., M. D. A Case of Epithelioma, . . . . .	533	Frisby, A. J., M. D. The Hospitals of the Women's Homœopathic Association of Pennsylvania, . . . . .	37
Emory, W. J. Hunter, M. D. Apis, . . . . .	420	Gamboge, . . . . .	363
Emory, W. J. Hunter, M. D. Apocynum Cannabinum. Post-Partum and other Hemorrhages, . . . . .	296	Garrison, J. B., M. D. Report of a Few Cases Terminating Successfully Under the Administration of the Higher Potencies, . . . . .	306
Emory, W. J. Hunter, M. D. Arnica Montana. Post-Partum and other Hemorrhages, . . . . .	296	Gee, W. S., M. D. Peculiar Symptoms, . . . . .	580
Emory, W. J. Hunter, M. D. Bryonia Alba. Post-Partum and other Hemorrhages, 297		Gee, W. S., M. D. Prolonged Constipation, . . . . .	43
Emory, W. J. Hunter, M. D. Cicuta Virosa, . . . . .	254	Gelsemium, . . . . .	17, 383, 453
Emory, W. J. Hunter, M. D. Crocus Sativus. Remedies for Post-Partum Hemorrhage, . . . . .	122	Gelsemium nitridum, . . . . .	42
Emory, W. J. Hunter, M. D. Sabina. Remedies for Post-Partum Hemorrhage, . . . . .	204	Gilbert, Chas. B., M. D. Hahnemann's Use of the Tincture, . . . . .	554
Enuresis, A Case of Nocturnal, . . . . .	273	Glands. C. W. Spalding, M. D., . . . . .	458
Epithelioma, A Case of. J. B. Elliott, M. D., . . . . .	533	Glonoine, . . . . .	316, 465
Erigeria. Post-Partum and other Hemorrhages. Hamilton Evans, M. D., 299		Glover, H. G., M. D. A Few Verifications, . . . . .	618
Errata, . . . . .	213, 275, 450, 506, 554, 555, 556, 576, 620	Gonorrhœa, A Case of Suppressed. E. W. Berridge, M. D., . . . . .	315
Erysipelas, A Case of. H. P. Holmes, M. D., . . . . .	270	Gonorrhœa, Repertory of. Saml. A. Kimball, M. D., . . . . .	332
Eupatorium-per., . . . . .	454	Good Surgical Journal, A, . . . . .	620
Euphorbium, . . . . .	206	Goullon, Dr. H. Fallacious and True Theories Concerning Certain Skin Diseases, . . . . .	480
Euphrasia, . . . . .	185, 546	Graphites, . . . . .	42, 58, 143, 185, 210, 438, 496, 570, 575, 590
Evans, Hamilton, M. D. Aconite. Post-Partum and other Hemorrhages, 298		Gratiola, . . . . .	67
Evans, Hamilton, M. D. Belladonna. Remedies for Post-Partum Hemorrhage, . . . . .	119	Guernsey's Boeninghausen, Notice of, 95	
Evans, Hamilton, M. D. Caulophyllum. Post-Partum and other Hemorrhages, . . . . .	299	Guernsey, Wm. Jefferson, M. D. A Peculiar Symptom of Cocaine, . . . . .	596
Evans, Hamilton, M. D. Chamomilla in Puerperal and other Convulsions, 258		Guernsey, Wm. Jefferson, M. D. Proceedings of the Hahnemannian Association of Pennsylvania, . . . . .	17, 124, 592



	PAGE
Guernsey, Wm. Jefferson, M. D. Resolution of the Hahnemannian Association of Pennsylvania, . . . . .	501
Guernsey, Wm. Jefferson, M. D. The Quinine Curse, . . . . .	71
Guernsey, Wm. Jefferson, M. D. Therapeutics of the Throat. Arum Triphyllum, . . . . .	132
Gustin, F. M., M. D. A First Experience, . . . . .	182
Gynæcological Case, A. E. W. Ber-ridge, M. D., . . . . .	425
Gynæcology, S. W. Cohen, M. D., . . .	435
Gynæcology, A Text-Book of. By Prof. A. C. Cowperthwaite, M. D. Review of, . . . . .	620
Gynæcology, Practical Manual of. G. R. Southwick. M. D. Review of, . .	157
Hæmatoxylon, . . . . .	593
Hahnemann Club of Toronto, The, . .	6
Hahnemann Club of Toronto, Proceed-ings of, . . . . .	74, 116, 198, 251, 291, 420
Hahnemannian Association of Penn-sylvania, Proceedings of, . . . . .	17, 69, 124, 501, 592
Hahnemannian Monthly for Sale, . .	668
Hahnemann's Writings and Rubrick, .	156
Hahnemann's <i>Organon</i> . A Query. S. Lilienthal, M. D., . . . . .	385
Hahnemann's Use of the Tincture. Chas. B. Gilbert, M. D., . . . . .	554
Hall, John, Sr., M. D. Belladonna, . .	253
Hall, John, Sr., M. D. Cinnamonum. Remedies for Post-Partum Hemor-rhage, . . . . .	203
Hall, John, Sr., M. D. Ipecacuanha. Remedies for Post-Partum Hemor-rhage, . . . . .	117
Hamamelis. Post-Partum and other Hemorrhages. Edward Adams, M. D., . . . . .	298
Hamamelis, . . . . .	143
Hamer, J. H., M. D. Croton Tiglium, .	320
Hawley, Wm. A.; M. D. Cerebral Congestion, . . . . .	155
Hawley, W. A., M. D. The Vital Force, .	368
Hay Fever, or Rhinitis Vasco-Motor Periodica and its Radical Cure. By E. Lippincott, M. D. Review of, . .	619
Head Symptoms, Repertory of. C. Neidhard, M. D. Review of, . . . .	331
Heart and Lungs, Contributions to the Study of. James R. Leaming, M. D., .	157
Heath, Alfred, Esq. A Verification of <i>Cicuta Virosa</i> , . . . . .	186
Helleborus, Edward Adams, M. D., .	421
Hellebore, . . . . .	328, 590
Helonias Dioica. Post-Partum and other Hemorrhages. Edward Adams, M. D., . . . . .	297
Helon, . . . . .	170
Hemorrhages, Post-Partum and other, .	117, 119, 122, 123, 200, 201, 204, 258, 293, 294, 296, 297, 298, 299
Henderson, L., M. D. Medical Jour-nals and Practitioners, . . . . .	63
Hepar, . . . . .	68, 116, 143, 180, 590
Hernance, Alex. C., M. D. Constipa-tion and Some of the Most Promi-nently Indicated Remedies in its Treatment, . . . . .	364
High Potencies, Clinical Confirmation of. B. L. B. Baylies, M. D., . . . .	40
Holloway, J. C., M. D. A Case of Re-mittent Fever, . . . . .	274

	PAGE
Holmes, H. P., M. D. A Case of Ery-sipelas, . . . . .	270
Holmes, H. P., M. D. Veratrum in Cholera Morbus, . . . . .	602
A Criticism of. J. T. Kent, M. D., .	639
Homœopathic Domestic Indicator. No-tice of, . . . . .	96
Homœopathic Law of Similarity. By Dr. von Grauvogl. Review of, . . .	48
Homœopathic League Tracts, Notice of, . . . . .	96, 332
Homœopathic Materia Medica, its Uses and its Imperfections, The. E. J. L., .	557
Homœopathic Med. College of Mis-souri, . . . . .	210
Homœopathic Medical Society of Ohio, Proceedings of, . . . . .	211
Homœopathic Medical Society of Penna., Transactions of. Review of, .	96
Homœopathic Medical Society of Penna., . . . . .	645
Homœopathic Physicians' Visiting List and Repertory. Robt. Faulkner, M. D. Notice of, . . . . .	158
Homœopathic Therapeutics of Diar-rhœa, Dysentery, Cholera, Cholera Morbus, and Cholera Infantum. By James B. Bell, M. D. Review of, . .	556
Homœopathic Treatment of Rheuma-tism and Kindred Diseases. D. C. Perkins, M. D. Review of, . . . . .	158
Homœopathy vs. Intermittent Fever. Samuel Long, M. D., . . . . .	45
Homœopathy in Venereal Diseases. By Stephen Yeldham. Review of, . . .	506
Homœopathy, Montreal Tracts upon, Notice of, . . . . .	668
Hooker, Frederick, M. D. In Mem-oriæ Mrs. Stephen Seward, . . . . .	502
Hooker, Frederick, M. D. Proceedings of the Syracuse Hahnemannian Club, . . . . .	262, 357, 491, 502, 641
Hooker, Frederick, M. D. Queries as to Rhus and other Poisonings, . . .	384
Hospital Clinics, Address upon. Pros-per Bender, M. D., . . . . .	386
Hospital, A Proposed New Homœo-pathic, . . . . .	647
Hospitals of the Women's Homœo-pathic Ass'n of Penna. A. J. Frisby, M. D., . . . . .	38
How They were Converted. Hom. League Tract, No. 16, . . . . .	96
How to Find the Drug. N. W. Van-denburgh, M. D., . . . . .	632
How is this? . . . . .	555
How Symptoms Change. J. T. Kent, M. D., . . . . .	596
How to Help Us, . . . . .	646
Hughes, Dr., Rejoinder to. By Prosper Bender, M. D. Review of, . . . . .	668
Hydrastis Canadensis. W. H. Baker, M. D., . . . . .	243
Hydrastis, . . . . .	41
Hydrophob., . . . . .	584
Hyoscyamus. Post-Partum and other Hemorrhages. Edward Adams, M. D., . . . . .	297
Hyoscyamus. Hamilton Evans, M. D., .	422
Hyoscyamus, . . . . .	41, 71, 149
Hypericum, . . . . .	143, 243
Hypochondriasis, A Partial Repertory of. N. W. Vandenberg, M. D., . . .	589
Ignatia. Therapeutics of the Throat. George H. Clark, M. D., . . . . .	9

	PAGE		PAGE
Ignatia, . . .	41, 101, 149, 366, 453, 456, 550, 590, 642	Lachesis, . . .	41, 60, 66, 76, 102, 132, 140, 143, 149, 185, 206, 243, 326, 328, 334, 428, 494, 541, 550, 590, 598, 659
Indented Tongue, . . . . .	446	Lac Caninum, An Involuntary Prov-	
Indium met., . . . . .	592	ing of. H. C. Morrow, M. D., . . .	477
In Memoriam Ad. Lippe, M. D. Sup-		Lac caninum, . . . . .	192, 303, 330, 540, 598
plement to Feb. No.		Lac vaccinum-delloratum, . . . . .	106
In Memoriam Ad. Fellger, M. D. Geo.		Laurocerasus, . . . . .	130, 598
H. Clark, M. D., . . . . .	501	Lecture on the <i>Organon</i> , . . . . .	212
In Memoriam Mrs. Stephen Seward.		Lectures on Diseases of the Heart. By	
Frederick Hooker, M. D., . . . . .	502	Alonzo Clark, M. D. Notice of, . . .	275
International Hahnemannian Assoc-		Ledum, . . . . .	143, 269
iation, Address before Wm. P.		Lee, Edmund J., M. D. Characteristics	
Wesselhoft, M. D., . . . . .	387	as Taught by Hahnemann, . . . . .	451
International Hahnemannian Assoc-		Lee, E. J., M. D. Clinical Notes on	
iation, The, . . . . .	79	Characteristics, . . . . .	80, 144, 218
Meeting at Niagara, . . . . .	333, 394, 417	Lee, E. J., M. D. Clinical Notes on	
International Hahnemannian Assoc-		Characteristics. Agaricus Muscar., . .	144
iation, Report of Proceedings of.		Lee, E. J., M. D. Agnus Castus—Clini-	
Review of, . . . . .	448	cal Notes on Characteristics, . . . . .	150
International Hahnemannian Assoc-		Lee, E. J., M. D. Ailanthus—Clinical	
iation, New Members for, . . . . .	501	Notes on Characteristics, . . . . .	218
Inquirer, Answer to, . . . . .	57	Lee, E. J., M. D. Aletris Formosa—	
Iodine, . . . . .	590	Clinical Notes on Characteristics, . .	221
Ipecacuanha, Remedies for Post-Par-		Lee, E. J., M. D. Allium Cepa—Clini-	
tum Hemorrhage. John Hall, Sr.,		cal Notes on Characteristics, . . . . .	228
M. D., . . . . .	117	Lee, E. J., M. D. Allium Sativa—	
Ipecac., . . . . .	117, 118, 185, 247, 353	Clinical Notes on Characteristics, . .	225
Jaborandi, . . . . .	125, 149	Lee, E. J., M. D. Chronic Diseases, . .	335
Jamison, M. R., M. D. A Case for		Lee, E. J., M. D. Editorial Notes, . .	621
Counsel, . . . . .	87	Lee, E. J., M. D. Experiments in	
Johnstone, R. B., M. D., Clinical Re-		Therapeutics, . . . . .	507
port of Three Cases Treated by, . .	660	Lee, E. J., M. D. The Homœopathic	
Kali Bichromicum. W. P. Wessel-		Materia Medica, Its Uses and its Im-	
hoft, M. D., . . . . .	666	perfections, . . . . .	557
Kali bichrom., . . . . .	67, 103, 235, 413	Lee, E. J., M. D. Stuttering Speech, . .	545
Kali brom., . . . . .	598	Lee, E. J., M. D. Therapeutics of the	
Kali carbonicum, . . . . .	41, 67, 117, 127, 550, 552, 590	Throat. Cistus, . . . . .	8
Kali Cyanate. Provers Needed. J. D.		Leggett, S. L. G., M. D. Psora, . . . .	159
Tyrell, M. D., . . . . .	23	Light Wanted, . . . . .	39
Kali cyanatum, . . . . .	18	Lilienthal, S. Hahnemann's <i>Orga-</i>	
Kali-iod., . . . . .	217	non. A Query, . . . . .	385
Kali muriaticum, . . . . .	172	Lilium T., . . . . .	42, 378, 590
Kali sulphuricum, . . . . .	173	Lime Water, . . . . .	143
Kalmia, . . . . .	206	Lithium carb., . . . . .	143, 407
Kent, J. T., M. D. Abrotanum, with		Lippe, Adolph, M. D. In Memoriam.	
Clinical Cases, . . . . .	58	Supplement to Feb. No.	
Kent, J. T. Class-Room Talks, . . .	34	Lippe, Adolph, M. D., Some Tributes	
Kent, J. T., M. D. A Criticism of Dr.		to the Memory of, . . . . .	186
Holmes, . . . . .	639	Lippe, Adolph, M. D., Memorial Address	
Kent, J. T., M. D. How Symptoms		upon the Life and Work of. P. P.	
Change, . . . . .	596	Wells, M. D., . . . . .	604
Kent, J. T., M. D. The I. H. A. Meet-		Lippe, Library of Dr., for Sale, . . .	620, 668
ing at Niagara, . . . . .	417	Lobelia, A Note on. C. Carleton	
Kent, J. T., M. D. Lecture on Muri-		Smith, . . . . .	272
atic Acid, . . . . .	12	Local Applications. D. C. McLaren,	
Kent, J. T., M. D. Reply to Dr. Hughes,		M. D., . . . . .	140
5		Locomotor Ataxy. A Clinical Case.	
Kent, J. T., M. D. Lecture upon Ly-		Clarence W. Butler, M. D., . . . .	651
copodium, . . . . .	462	Lamb's Prize Essays. Review of, . .	333
Kent, J. T., M. D. Lecture upon Po-		Long, Samuel, M. D. Homœopathy vs.	
dophyllum, . . . . .	279	Intermittent Fever, . . . . .	45
Kent, J. T., M. D. The Second Pre-		Lowe, J. N., M. D. A Clinical Case,	
scription, . . . . .	409	with Appendices, . . . . .	137
Kent, J. T., M. D. Sycosis, . . . . .	163	Lutze, F. H., M. D. Answer to Dr.	
Kent, J. T., M. D. Syphilis as a Mi-		Jamison's Case for Counsel, . . . .	131
asm, . . . . .	213	Lycopodium, Lecture upon. Prof. J.	
Kimball, S. A., M. D. Proceedings of		T. Kent, . . . . .	462, 566
the Organon Society of Boston, . .		Lycopodium, . . . . .	18, 125, 137, 154, 181,
30, 72, 108, 204, 247, 283, 351		238, 274, 305, 312, 362, 366, 413, 462, 467,	
Kimball, S. A., M. D. New Members		499, 505, 551, 554, 570, 575, 580, 590, 619	
for the I. H. A., . . . . .	592	Magnesia carb., . . . . .	42, 67
Krause, Wm. H., M. D. A Case of		Magnesia phosphorica, . . . . .	174, 303,
Diphtheria with Convulsions Cured,		468, 471, 478	
271		Magnesium mur., . . . . .	366
Kreosotum, . . . . .	67, 143, 273, 573		

	PAGE
Married, . . . . .	620
Martin, James T., M. D. Rhus Anti- dotes, . . . . .	503
Massachusetts Homœopathic Medical Society, Publications of, . . . . .	386
Masturbation, Excessive Venery, etc. Joseph W. Howe, M. D. Review of, . . . . .	556
Matteism—The Latest Craze. E. W. Berridge, M. D., . . . . .	560
Materia Medica, A. By Samuel Swan, M. D. Review of, . . . . .	211
McLaren, D. C., M. D. Local Applica- tions, . . . . .	140
McLaren, D. C., M. D. A Reply to "Was Hahnemann Inspired?" . . . . .	237
McNeil, A., M. D. A Dietetic Case, . . . . .	345
McNeil, A., M. D. A Diagnostic Sign of Cancer, . . . . .	130
McNeil, A., M. D. Lecture on Dul- camara, . . . . .	60
McNeil, A., M. D. Mercurial Poisoning, . . . . .	178
Medical Diagnosis. By J. Graham Brown, M. D. Review of, . . . . .	667
Medical Journals and Practitioners. L. Henderson, M. D., . . . . .	63
Medical Jurisprudence, A Manual of. By Allen McLane Hamilton, M. D. Review of, . . . . .	95
Medorrhinum, . . . . .	167, 185
Mendenhall, Rev. J. K. A Case of Dysentery, . . . . .	90
Mental Symptoms, . . . . .	334
Mercurial Poisoning. Dr. A. McNeill, . . . . .	178
Mercurius, . . . . .	61, 68, 69, 98, 125, 168, 177, 204, 216, 245, 3-6, 363, 532, 546, 554
Mezeureum, . . . . .	363, 585
Miasmata, Contagious Diseases Caused by Acute. T. Dwight Stow, . . . . .	49
Millefolium, . . . . .	143, 209, 407
Miller, J. M., M. D. Some Diagnostic Remarks, . . . . .	615
Missouri Homœopathic Medical Col- lege, . . . . .	449
Montreal Tracts on Homœopathy. Re- view of, . . . . .	668
Morrow, H. C., M. D. An Involuntary Proving of Lac Caninum, . . . . .	477
Morrow, H. C., M. D. Therapeutic Notes, . . . . .	479
Mosch., . . . . .	60
Murex, . . . . .	23, 280
Muriatic Acid, Lecture on. J. T. Kent, M. D., . . . . .	12
Muriatic Acid, . . . . .	282, 571
Myrica, . . . . .	67
Naja, . . . . .	445
Nash, Eugene B., M. D. Therapeutics of the Throat, . . . . .	7
Nash, Eugene B., M. D. Tissue Rem- edies, . . . . .	468
Natrum ars., . . . . .	149
Natrum carb., . . . . .	363, 590
Natrum mur., . . . . .	66, 77, 154, 280, 326, 370, 427, 531, 569, 570, 572, 590
Natrum phosphoricum, . . . . .	174
Natrum sulph., . . . . .	166, 176, 402, 575
Nebraska State Homœopathic Society, . . . . .	212
New Jersey State Homœopathic Med- ical Society. Notice of Meeting of, . . . . .	275
New Jersey State Homœopathic Med- ical Society, The. Review of, . . . . .	333
New York Homœopathic Medical Col- lege, . . . . .	334
New York Homœopathic Medical So- ciety, Central, Proceedings of, . . . . .	100

	PAGE
New York Homœopathic Union. Pro- ceedings of the. Clarence Willard Butler, Secretary, . . . . .	299, 486
Niccolum, . . . . .	69
Nichols C. F. Populus Candicans, . . . . .	234
Nitric Acid, . . . . .	306, 366, 590
Nitrum, . . . . .	40, 445
Norris, Ida F., M. D. Bastinado for Asphyxia, . . . . .	89
Notes and Notices, . . . . .	48, 96, 158, 212, 275, 333, 449, 556, 620, 668
Nux Moschata, . . . . .	185, 356
Nux Vomica. A. B. Eadie, M. D., . . . . .	423
Nux vomica, . . . . .	68, 76, 81, 90, 116, 132, 149, 154, 183, 238, 273, 280, 310, 367, 453, 456, 528, 570, 578, 590, 618, 643, 663
Odium Medicum and Homœopathy. By Dr. John H. Clarke. Notice of, . . . . .	332
Ohio Homœopaths, . . . . .	333
Onosmodium virg., . . . . .	595
Ophthalmology. A Journal of, . . . . .	668
Opium. J. D. Tyrrell, M. D., . . . . .	425
Opium, . . . . .	118, 130, 149, 209, 316, 367, 439, 546, 570
Opium, The Abuse of, . . . . .	29
Organon, Section 153. W. H. A. Fitz, M. D., . . . . .	599
Organon, Section 153. Selection of Characteristic Symptoms. Edward Cranch, M. D., . . . . .	404
Organon, Lecture upon the. Prof. T. F. Allen, M. D., . . . . .	1
Organon Society of Boston. Proceed- ings of the. S. A. Kimball, M. D., . . . . .	30, 72, 108, 204, 247, 283, 351
Oranges, Uses of, . . . . .	192
Pathogenetic and Clinical Repertory of the Most Prominent Symptoms of the Head. By C. Neidhard, M. D. Review of, . . . . .	331
Payne, Fred. W., M. D. A Case of Retinitis Pigmentosa, . . . . .	286
Peculiar Symptoms. W. S. Gee, M. D., . . . . .	580
Pellagra and Ustilago Maides, On the Nervous Disturbances of. S. L., . . . . .	430
Peritonitis, Pelvic, Adhesions Follow- ing. J. M. Dutton, M. D., . . . . .	383
Petroleum, . . . . .	42, 143, 438
Phosphorus Remedies for Post-Par- tum Hemorrhage. A. B. Eadie, . . . . .	201
Phosphorus, . . . . .	70, 102, 115, 127, 132, 154, 300, 325, 367, 452, 466, 470, 528, 546, 547, 590, 616, 644, 666
Phos. ac., . . . . .	127, 153, 155, 281, 572, 590
Physicians' Complete Account Book. G. W. Eschenbach. Notice of, . . . . .	96
Physiology and Pathology of Diabetes. Notice of, . . . . .	386
Physostigma, . . . . .	125, 149
Phthisis, The Preferable Climate for, Notice of, . . . . .	667
Phytolacca, . . . . .	66, 67, 143, 196, 590
Picric acid, . . . . .	168
Platina. Post-Partum and other Hem- orrhages. A. B. Eadie, M. D., . . . . .	293
Platina, . . . . .	41, 367, 373, 534, 590, 598
Plumbum, . . . . .	4, 367, 546
Podophyllum, Lecture upon. J. T. Kent, M. D., . . . . .	279
Pod., . . . . .	590
Populus Candicans. G. F. Nichols, M. D., . . . . .	234
Post-Graduate Course of Lectures. No- tice of, . . . . .	450



	PAGE		PAGE
Potencies, High. Report of a few Cases Terminating Successfully under. J. B. Garrison, M. D., . . . . .	306	Rochester Hahnemannian Society, The. Proceedings of. W. H. Baker, M. D., . . . . .	242, 360, 496, 538
Potencies, High, and Rheumatism. Plea for. Ed. Rushmore, M. D., . . . . .	372	Rumex crispus, . . . . .	42, 554
Powel, F., M. D. What is the Remedy? . . . . .	595	Rushmore, Edward, M. D. Rheumatism, and a Plea for the Higher Potencies, . . . . .	372
Practical Manual of Gynecology. A. By G. R. Southwick, M. D. Review of, . . . . .	157	Ruta grav., . . . . .	61, 149, 185, 367
Prescribing, Art of. Prosper Bender, M. D. Review of, . . . . .	386	Sabad., . . . . .	590
Prescription, the Second. J. T. Kent, M. D., . . . . .	409	Sabina. Remedies for Post-Partum Hemorrhage. W. J. Hunter Emory, M. D., . . . . .	204
Proceedings of the Eighth Annual Session of the International Hahnemannian Association. Notice of, . . . . .	448	Sabina, . . . . .	445
Proceedings of the Twenty-third Annual Meeting of the Homœopathic Medical Society of Ohio. Review of, . . . . .	211	Salicylic acid, . . . . .	207
Pr. ceedings of the State Sanitary Convention of Pennsylvania. Review of, . . . . .	448	Salient Materia Medica and Therapeutics. By C. L. Cleveland, M. D. Notice of, . . . . .	275
Psora. S. L. G. Leggett, M. D., . . . . .	159	Sanguinaria, . . . . .	633
Psorinum, . . . . .	168, 269, 383, 526	Sanicula, . . . . .	185
Publications of the Massachusetts Homœopathic Medical Society, 1887. Review of, . . . . .	386	Sapo, . . . . .	143
Pulsatilla. Remedies for Post-Partum Hemorrhage. Edward Adams, M. D., . . . . .	202	Sarsap., . . . . .	571
Pulsatilla, . . . . .	4, 93, 97, 149, 174, 185, 192, 208, 263, 327, 354, 367, 407, 425, 453, 455, 456, 466, 469, 528, 590, 632	Sartor Resartus. M. W. Vandenburg, A. M., M. D., . . . . .	278
Pulsatilla Nuttallina, . . . . .	632	Schmitt, Julius G., M. D. Proceedings of the Central New York Homœopathic Medical Society, . . . . .	100
Queries as to Rhus and other Poisonings. Fred. Hooker, M. D., . . . . .	384	Scientific Medication and Specific Medicines. By Dr. John M. Scudder. Review of, . . . . .	211
Quinine Curse, The. Wm. Jefferson Guernsey, M. D., . . . . .	72	Secale. Remedies for Post-Partum Hemorrhage. J. D. Tyrrell, M. D., . . . . .	199
Quinine, . . . . .	205	Secale, . . . . .	546
Rannuculus bulbosus, . . . . .	407	Second Prescription, The. J. T. Kent, M. D., . . . . .	409
Raph., . . . . .	575	Selection of Characteristic Symptoms, Hahnemann's <i>Organon</i> , Paragraph 153. Edward Cranch, M. D., . . . . .	404
Ratan, . . . . .	185	Selenium, . . . . .	155, 328, 546
Rejoinder to Dr. Hughes, by Prosper Bender, M. D. Review of, . . . . .	668	Senega, . . . . .	67
Remittent Fever, A Case of. J. C. Holway, M. D., . . . . .	274	Sepia. Therapeutics of the Throat. B. L. B. Baylies, M. D., . . . . .	231
Removals, . . . . .	48, 275, 333, 449, 556, 668	Sepia, . . . . .	149, 156, 263, 274, 280, 281, 302, 355, 367, 452, 464, 528, 549, 569, 590
Repertory of Characteristics, The, . . . . .	57	Sherbino, G. W., M. D. Some Clinical Notes on Aqua Sanicula, . . . . .	439
Repertory of Gonorrhœa. By Samuel A. Kimball, M. D. Review of, . . . . .	332	Sherbino, G. W., M. D. Therapeutics of the Throat. Baptisia Tinctoria, . . . . .	135
Repertory of Head Symptoms, Pathogenetic and Clinical. C. Neidhard, M. D., . . . . .	331	Sherbino, G. W., M. D. Some Clinical Cases, . . . . .	179
Reply to Dr. Hughes. J. T. Kent, M. D., . . . . .	5	Sherbino, G. W., M. D. Texas Homœopathic Medical Society, . . . . .	304
Report of a Few Cases Terminating Successfully Under the Administration of the Higher Potencies. J. B. Garrison, M. D., . . . . .	306	Silicea, . . . . .	98, 141, 149, 155, 172, 173, 239, 309, 324, 368, 569, 590, 615, 660
Respiratory Symptoms, Some, . . . . .	504	Simmons, B., M. D. Cases from Practice, . . . . .	647
Retinitis Pigmentosa. A Case of. Frederick W. Payne, M. D., . . . . .	286	Skin Diseases, Fallacious and True Theories Concerning Certain. Dr. H. Goulon, . . . . .	480
Rheumatism, and a Plea for the Higher Potencies. Edw. Rushmore, M. D., . . . . .	372	Skin Diseases, Fox's Atlas of. Notice of, . . . . .	157, 211, 333
Rhododendron, . . . . .	60, 553	Similia Similibus Curantur. By Chas. T. Mack, M. D. Review of, . . . . .	157
Rhus and other Poisonings, Queries as to. Fred. Hooker, M. D., . . . . .	384	S. L. A Case of Fatal Poisoning by Chininum Sulph., . . . . .	179
Rhus Antidotes. James T. Martin, M. D., . . . . .	503	S. L. A Correction, . . . . .	384
Rhus Rad. vs. Rhus Tox. Robert Farley, M. D., . . . . .	313	S. L. Notes on a Dietetic Case, . . . . .	479
Rhus rad., . . . . .	266	S. L. Stuttering Speech, . . . . .	597
Rhus tox., . . . . .	60, 62, 69, 132, 143, 169, 196, 209, 265, 266, 354, 455, 465, 554, 590, 618, 662	S. L. A Case of Chronic Sulphur Poisoning, . . . . .	314
		S. L. A Centre-Shot with Sulphur, . . . . .	664
		S. L. G. L. Class-Room Talks, from Lectures by Professor Kent, . . . . .	34, 97, 239, 324, 343, 474
		S. L. G. L. Lecture upon Lycopodium, from Lecture of Professor Kent, 462, 566	



	PAGE
Smith, C. Carleton, M. D. Clinical Notes on Characteristics, . . . 80, 144, 150, 218, 221, 223, 225, 272	
Smith, C. Carleton, M. D. Chelidonium, . . .	185
Spalding, C. W., M. D. Forces Engaged in the Circulation of the Blood, . . .	542
Spalding, C. W., M. D. Glands, . . .	458
Spigelia, . . . . .	185, 206, 599, 616
Spongia, . . . . .	124, 156
Stannum, . . . . .	132, 590
Staphisagria, . . . . .	98, 130, 132, 144, 155, 590
State Sanitary Convention of Penna., Proceedings of. Review of, . . . . .	448
Sticta, . . . . .	150
Still, Horace, M. D. Ambra Grisea, . . .	126
Stillingia, . . . . .	492
Stoaks, F. E., M. D. Clinical Cases, . . .	438
Stow, T. Dwight, M. D. Contagious Diseases, Caused by Acute Miasmata, . .	49
Stramonium, J. D. Tyrrell, M. D., . . .	260
Stramonium, Post-Partum and other Hemorrhages. A. B. Eadie, M. D., . . .	294
Stramonium, . . . . .	132, 150, 170, 210, 328, 539, 546, 571, 584
Stuttering Speech. E. J. L., . . . . .	545
Stuttering Speech. S. L., . . . . .	596
Sulphur, A Centre Shot with. S. L., . . .	664
Sulphur, . . . . .	4, 19, 60, 72, 102, 140, 155, 168, 182, 184, 246, 271, 290, 324, 353, 359, 363, 368, 370, 373, 379, 519, 553, 573, 574, 580, 590, 644
Sulphur Poisoning, A Case of Chronic. S. L., . . . . .	314
Sulphur in Melancholia. J. M. Dutton, M. D., . . . . .	380
Sulphuric Acid. Post-Partum and other Hemorrhages. A. B. Eadie, M. D., . .	294
Sulph. acid, . . . . .	368
Sumbul, . . . . .	67
Surgery, Too much, . . . . .	62, 276
Surgical Journal, A, . . . . .	212
Sycotic Warts, . . . . .	435
Sycosis, Some Symptoms of. Geo. H. Clark, M. D., . . . . .	398
Sycosis, J. T. Kent, M. D., . . . . .	163
Symphitum, . . . . .	143, 172
Symptoms Change, How. J. T. Kent, M. D., . . . . .	596
Symptoms not Diseases, . . . . .	334
Syphilinum, . . . . .	168, 319
Syphilis as a Miasm. J. T. Kent, M. D., .	213
Syracuse Hahnemannian Club. Frederick Hooker, M. D., . . . . .	197, 262, 357, 491, 641
Tabacum, . . . . .	525, 546
Tabes Dorsalis and Aluminum Metallicum. Boenninghausen, . . . . .	526
Taking the Case. Robt. Farley, M. D., . .	25
Taraxacum, . . . . .	303
Tarent, . . . . .	150, 326, 573, 584
Tellurium, . . . . .	185
Terebinthina, . . . . .	144, 573
Testimony for High Potencies, . . . . .	334
Texas Homeopathic Medical Society. G. W. Sherbino, M. D., Secretary, . . .	304
Thayer, W. J., D. D. S., M. D. Dietetics, Its Bearing on Special and General Tissue Building, . . . . .	346
Therapeutics of the Throat. E. B. Nash, M. D., . . . . .	7
Therapeutics of the Throat. Esculus Hipp. John V. Allen, M. D., . . . . .	64
Arum Triphyllum. Wm. Jefferson Guernsey, M. D., . . . . .	132
Ailanthus, John V. Allen, M. D., . . . .	67

	PAGE
Therapeutics of the Throat. Baptisia Tinctoria. Geo. W. Sherbino, M. D., . .	135
Therapeutics of the Throat. Carbo Animalis. E. Cranch, M. D., . . . . .	226
Therapeutics of the Throat. Carbo veg. E. Cranch, M. D., . . . . .	228
Therapeutics of the Throat. Cistus E. J. Lee, M. D., . . . . .	8
Therapeutics of the Throat. Ignatia. Geo. H. Clark, M. D., . . . . .	9
Therapeutics of the Throat. Rhus Tox. C. E. Chase, M. D., . . . . .	193
Therapeutics of the Throat. Sepia. B. L. B. Baylies, M. D., . . . . .	231
Therapeutic Notes. H. C. Morrow, M. D., . . . . .	479
Therapeutics, Experiments in. E. J. Lee, M. D., . . . . .	507
Thea, . . . . .	150
Theism, A New Disease, . . . . .	38
Theridion, A Note on. Dr. Baruch, . . .	331
Theridion, . . . . .	132, 371, 649
Throat, Therapeutics of. See "Therapeutics of the Throat."	
Thuja, . . . . .	166, 177, 354, 368, 403, 454, 523, 525, 532, 552
Tissue Remedies. Eugene B. Nash, M. D., . . . . .	468
Tissue Remedies. Review of, . . . . .	158
Tongue, Indented, . . . . .	446
Tracheotomy. A Plea for Natural Death. Stuart Close, M. D., . . . . .	340
Tracts on Homeopathy, Montreal, Review of, . . . . .	668
Tracts, Homeopathic League. Notice of, . . . . .	96, 332
Transactions of the American Institute of Homeopathy. Dr. J. C. Burgher. Review of, . . . . .	48, 667
Transactions of the Homeopathic Medical Society of Penna. Review of, .	96
Treatment, Complete Hand-Book of. By Wm. Aitkin, M. D. Notice of, . .	48
Tributes to the Memory of the Late Dr. Lippe, . . . . .	187
Twelve Tissue Remedies of Schussler. The. By Drs. Wm. Boericke and W. A. Dewey. Review of, . . . . .	158
Typhoid Fever, George H. Clark, M. D., . . . . .	635
Tyrrell, J. D., M. D. Apis Mellifica. Post-Partum and other Hemorrhages, .	296
Tyrrell, J. D., M. D. Calcarea. Remedies for Post-Partum Hemorrhage, . . .	120
Tyrrell, J. D., M. D. Chamomilla. Post-Partum and other Hemorrhages, . . .	295
Tyrrell, J. D., M. D. The Hahnemann Club of Toronto, . . . . .	74, 251, 291
Tyrrell, J. D., M. D. Kali Cyanate. Provers Needed, . . . . .	23
Tyrrell, J. D., M. D. Opium, . . . . .	225
Tyrrell, J. D., M. D. Proceedings of the Hahnemann Club of Toronto, . . .	116, 198, 420
Tyrrell, J. D., M. D. Secale. Remedies for Post-Partum Hemorrhage, . . .	199
Tyrrell, J. D., M. D. Stramonium, . . .	260
Urine, Zinc in Hysterical Retention of, .	650
Urtica urens, . . . . .	144
Ustilago. Remedies for Post-Partum Hemorrhage. L. Hamilton Evans, M. D., . . . . .	200
Ustilago, Maides and Pellagra. On the Nervous Disturbances of. S. L., . . .	430
Ustilago, . . . . .	155

	PAGE		PAGE
Vaccination, Death after. William Young, . . . . .	544	Wells, P. P., M. D. The Dose, . . . . .	623
Vandenburg, N. W., M. D. Was Hahnemann Inspired? . . . . .	77	Wells, P. P., M. D. The Examination of the Patient for a Homœopathic Prescription, . . . . .	509
Vandenburg, N. W., M. D. A Partial Repertory of Hypochondriasis, . . . . .	589	Wells, P. P., M. D., Memorial Address upon the Life and Work of Adolph Lappe, . . . . .	605
Vandenburg, N. W., A. M., M. D. Sartor Resartus, . . . . .	278	Wells, P. P., M. D. What is a Proving? . . . . .	277
Vandenburg, N. W., M. D. How to Find the Drug, . . . . .	632	Wesselhœft, Wm. P., M. D. Address before the International Hahnemannian Association at its Ninth Annual Meeting, . . . . .	387
Veratrum in Cholera Morbus. H. P. Holmes, M. D., . . . . .	602	Wesselhœft, W. P., M. D. Aloe Socotrina, an Anti-psoric Remedy, . . . . .	576
Veratrum alb., . . . . .	209, 368, 496, 553, 570, 632	Wesselhœft, W. P., M. D. Kali Bichromicum, . . . . .	666
Verat viride, . . . . .	584, 632	Wesselhœft, Wm. P., M. D. Translation of Benninghausen's <i>Aphorisms</i> , . . . . .	82
Verifications, a few. H. G. Glover, M. D., . . . . .	618	What!! . . . . .	212
Verifications of Symptoms. Flora A. Waddell, M. D., . . . . .	377	What is a Proving? P. P. Wells, M. D., . . . . .	277
Vinea minor, . . . . .	127	What is the Remedy? . . . . .	543
Vipera, . . . . .	546	What is the Remedy? F. Powel, M. D., . . . . .	595
Visiting List. Otis Clapp & Son's, . . . . .	668	Wilmington Homœopathic Hospital. Notice of, . . . . .	276
Visiting List. Dr. Faulkner's, . . . . .	158, 668		
Vital Force, The. W. A. Hawley, M. D., . . . . .	368	Young, William. Death after Vaccination, . . . . .	544
Waddell, Flora A., M. D. Verifications of Symptoms, . . . . .	377		
Was Hahnemann Inspired? N. W. Vandenburg, A. M., M. D., . . . . .	77		
Was Hahnemann Inspired? A reply to. D. C. McLaren, M. D., . . . . .	237	Zincum, . . . . .	155, 527, 590, 599, 650

T H E

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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## LECTURE UPON THE *ORGANON*.

PROFESSOR T. F. ALLEN, M. D., NEW YORK.

(A stenographic report of a part of one of Professor T. F. Allen's lectures on the *Organon*.)

In our last lecture on the *Organon* we took up the consideration of Hahnemann's idea of the vital force of individuals and its relation to disease. To-day I ask your consideration of Hahnemann's theory of the spirit-like essence of drugs, which he considered to be the only means whereby the vital force of the individual could be modified, that is, in health made sick or in disease restored to health. Do not confound the words “spirit-like essence” with the idea of a spirit. It is not necessary for us to go back to the childhood of the human race and suppose that in every stick and stone and clod of earth is a spirit which determines its form and nature; but it is necessary for us to conceive of some sort of force inherent in every substance, whether animal, vegetable, or mineral, which determines its material form and properties. Has any one of you thought for a moment of the difference between a particle of white arsenic and a particle of flour, so similar, yet so unlike? What is there in this particle of white substance which determines its poisonous property and gives it all the peculiarities which we term arsenic? It is composed of atoms and molecules similar to the atoms and molecules in any other substance, but so grouped as to give it its peculiar poisonous properties. We may subdivide these atoms and molecules to the utmost limit and still the properties of arsenic remain. If we were to destroy these

molecules of arsenic would there anywhere exist a spirit-like force which animates them in a manner similar to the spirit-like force which animates our human bodies and which are able to exist independently of the molecules and atoms of which we are composed? What can determine the nature of arsenic? It may be stated that possibly the peculiar grouping of the atoms or the peculiar force which determines oscillation or orbital motions in these atoms may in some manner determine its properties and its effects upon the human body. What this force is and how it is associated with the molecules and atoms of arsenic no man can tell. Substances similar to arsenic and to other poisons may be manufactured by the chemist in his laboratory from the simple elements, may come to possess poisonous properties, that is to say, they may become endowed with a spirit-like essence. This spirit-like essence is then associated in some way with the molecules and atoms of the substance. The size of atoms and molecules is pretty well determined. It is within bounds to say that if a pin's head were magnified to a globe of the size of the earth each one of the atoms would be perfectly visible and appear to be approximately of the size of buckshot. If this be true, as stated by most natural philosophers of our time, then a centesimal dilution of a drug will somewhere about the twelfth dilution represent the extreme divisibility of an atom; in other words, one drop of the twelfth centesimal dilution will contain one atom of the original substance. After this point is reached it is probable that there is no longer any atom or molecule of the original substance.

Does, then, medicinal power of the drug cease with the twelfth dilution or thereabouts?

Hahnemann's theory of dynamization is that when a substance be subdivided and at the same time agitated either by trituration of the dry substance or by shaking of the liquid the spirit-like force of the substance is increased and thereby made more ready to act upon the vital force of the individual. It is by some also supposed that with the subdivision of the material substance and its continual agitation, the spirit-like force may be in a measure or even completely separated from the original atom or molecule and transferred to the substance with which it is triturated or shaken.

This doctrine of the transference of the spirit-like essence of drugs is to my mind unthinkable. While formerly I indorsed it as a possible working hypothesis on account of the supposed action of dilutions above the material subdivisions of atoms and molecules, yet it is so at variance with all known laws of philosophy and so incapable of actual demonstration that I have



been obliged to abandon it. Shall we then entirely abandon our faith in the action of potencies above the so-called material limit?

No man living dares say that he knows of what matter consists, or where is the limit of the divisibility of matter. Atoms and molecules represent the combining properties of substances and furnish chemists a good working basis. It seems that by means of atoms and molecules matter becomes, if I may use the word, material, and these material manifestations of substances seem to be definite in different substances. But no man at the present time supposes for a moment that the atoms and molecules constitute the material basis of the universe. The truth is that atoms and molecules oscillate in large orbits in a sea of universal ether very much as fishes swim in the ocean, only their oscillations are circumscribed and definite. To explain the simple phenomenon of light it is absolutely necessary to suppose the existence of an ether which fills the whole universe, the construction of which is as much more subtle than that of atoms as that of the fish is more gross than the atoms of the water in which he swims. It is necessary to suppose that this ether is an elastic solid, that an impression at any one point of the universe pervades the whole ether to its extremest point; more than this, it is impossible at the present time to explain the laws of electricity except on the supposition that it is a fluid permeating the whole universe, permeating this elastic ether very much as water permeates jelly.

So, gentlemen, when a man or a body of men resolves that the subdivision of matter ceases with the tenth centesimal dilution or with any other dilution with which we are acquainted, it seems to me, and it seems to you, to be the ignorant expression of prejudiced minds. It is absolutely impossible at the present day to know of what matter consists, or what are its limits of divisibility, just as impossible as it to know what force is or how it is united with matter, or whether it be not, indeed, identical with matter.

I speak of these things simply to caution you against bigotry and narrow-mindedness, to express the hope that your minds will ever be open to conviction, ever ready to receive the truth from whatever source it may come.

In former years I have expressed my belief in the actual power of drugs in potencies as high as the thirtieth, two hundredth, or even higher, to cure disease, but on attempting the demonstration of the effects of these potencies upon healthy individuals, I have confessed in public that I have been unable to do it, and I have also stated my conviction that the treatment of the sick

with potencies well within the material range is quite as successful, or even more so, than the treatment of the sick with potencies above this range. But I would be the last to declare that because I have failed to demonstrate the power of the thirtieth and two hundredth on healthy people to my satisfaction, therefore there can be no good in them; this would be an wholly indefensible and unwarrantable position to take. I can only tell you to-day when asked the question, that I do not know, nor does anybody know; the question has not been proved; it is still an open one.

I will now pass to the consideration of another topic from Hahnemann's *Organon*, and that is the controllable power of drugs over disease. It is distinctly stated in paragraph 26, that in order to cure disease, the natural disease must be replaced by an artificial one which shall be somewhat stronger, strong enough to convert it into an artificial disease. In order to do this we must prescribe a drug which produces symptoms exactly similar to those of the patient, for two exactly similar diseases cannot coexist in the same individual. We have, then, to administer to our patient a dose of the drug strong enough to extinguish the disease, but not so strong as to create an unnaturally violent new disease, that is, to produce a violent aggravation. Drug action is speedily repelled by the vital force of the individual, and if a drug aggravation be produced, it is speedily overcome, should it not be too violent, and a rapid recovery results.

\* \* \* \* \*

### FRESH AIR: DYSPNŒA.

**APIS.**—Dyspnœa; seems as if patient cannot survive for want of air; has to be fanned to be kept alive.

**CARBO VEG.**—Patient desires to be fanned; wants air; with respiratory troubles, and also after loss of fluids.

**CHINA.**—Desires to be fanned and to have fresh air; in labor and after loss of fluids.

**CISTUS.**—In evening, soon after lying down, a sensation as if ants were running through the whole body; then anxious, difficult breathing; is obliged to get up and open window; fresh air relieves him; immediately on lying down again these sensations return.

**PLUMBUM.**—Sits up at night and opens the window.

**PULSATILLA.**—Wants doors and windows open; in labor and in other troubles.

**SULPHUR.**—Wants doors and windows open; chiefly in respiratory troubles.

## REPLY TO DR. HUGHES.

MESSRS. EDITORS: The foot-note on page 400 of your November (1887) issue, leads me to make the following remarks:

While treating a rheumatic subject for slight pains, I was hastily called to her bedside. It was about ten P. M. That morning I had given her Bryonia<sup>1m</sup> (J.). She greeted me with the following words: "Doctor, the first dose of your medicine gave me pain in the side of my head and temple; every dose increased the pain, until now I cannot stand it. Every time I turn on the right side the pain goes to that side; if I turn on the other side the pain is there."

Thus far *Puls.* and Phos-acid were the only remedies known to me for *pain in the head going to the side lain on*.

Is this Bry., or is there a new feature coming up? The Bry. was stopped and the pains soon stopped. In the morning I satisfied my curiosity by calling at the house, and found her well. She has had no more rheumatism and never had such a headache before or since. Several times have I given Bry. when nearer the general symptoms than Puls. or Phos-ac., for pain going to the side lain on, and have thereby verified this symptom as belonging to the pathogenesis of Bryonia. It would be unwise in me to report this symptom to Dr. Hughes as a pathogenetic symptom. Why? It would be rejected as coming from the 1m potency, "*not reliable*." Also, must I refuse to report thousands of other symptoms procured in like manner and standing the test of verification in the hands of hundreds of able and faithful men. This "empirical" practice is not based upon the "*Cyclopædia*," (?) and why is a Cyclopædia thus entitled to a name that omits the best symptoms to practice on? Time will show forth the merit of the great *opus*. It must stand or fall for itself, and so will the methods based upon one corner of the philosophy of Homœopathy, and rejecting the means whereby the law can be made universal, I mean plainly and simply attenuations above the 12th. I have but the highest regard for Dr. Hughes as a professional gentleman, but must openly protest against the rules for compiling pathogenetic symptoms—for the *Encyclopædia of Drug Pathogenesis*—only the crudest image of the drug being observed. If this one-sided drug image can furnish a basis for correct prescribing it remains to be observed in the distant future, while the evidence of the past stands out in bold condemnation.



The supporters of the crude system have never exhibited anything but a desire to create a very poor materia medica, poor enough to fit the slovenly methods of their practice. The crudest medicines and the crudest methods have marched by the side of grumbling materia medica men.

Does it not seem rather singular that these sticklers for crude drugs are mostly alternationists, Quinine paliationists, cathartic givers, local applicationists, and so on? They acknowledge their own inability to use the materia medica to cure the sick, and do not believe that any one else can use it for that purpose. Will they do better after the *Cyclopædia* is handed to them? If not, of what good is this great work? It is to be hoped that they will greatly improve, become more scientific (!) and that the dear people will be the ones benefited. As to my "published lectures," I have but a few words to say. They must be quite imperfect, as they are off-hand, class-room talks, and mostly go to the press with scarcely a glance at the reporter's notes; at best they are only journal reading, but with all of these shortcomings they go into the race for the clinical test, to be measured by the first paragraph of the *Organon* of Samuel Hahnemann. "The sole duty of the physician is to restore health to the sick." The objects of the *Cyclopædia* seem not to sustain this paragraph, but to make compilation of bobtailed drug-effects over-thronged into a chaotic jumble. Individualization would be quite impossible if compelled to rely upon pathogenetic symptoms as found in this work, but it is named a "*cyclopædia*," and therefore presumed to contain the complete knowledge of the provings on the healthy man. But it is not a *cyclopædia*. Then what is it? It is a garbled toxicology, made to show the strength of the majority and the remedy most certainly will be administered by the hand of time when the dusty unworn pages are found upon unfrequented shelves in the library of lazy doctors and in the dingy corners of second-hand book-stands. As a toxicology it would be of service but as a pathogenesis it is a travesty.

J. T. KENT.

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THE HAHNEMANN CLUB, of Toronto, was recently organized by Drs. John Hall, Sr., J. D. Tyrrell, E. T. Adams, A. Beattie Eadie, W. J. Hunter Emory, and L. H. Evans. The preamble and resolutions adopted are essentially those of the I. H. A., and have the true ring. With such purposes as these resolutions express and with such membership, one cannot fail to expect much of this new Club, and we feel confident our expectations will not be disappointed. The formation of Hahnemannian Associations and Clubs is certainly an excellent indication of the awakening interest in true Homœopathy. Success to them all.

## THERAPEUTICS OF THE THROAT.

As previously mentioned in *THE HOMŒOPATHIC PHYSICIAN*, I have been arranging for a monograph on the therapeutics of the throat. Below is given a list of remedies, with names of physicians, whom I now earnestly beg to help me in the work. I hope each physician will try to work out the remedies given him, and so give practitioners a much needed assistance. I shall be glad to hear from the gentlemen whose names are given below. To succeed we must all work.

Yours fraternally,

E. B. NASH, CORTLAND, N. Y.

### REMEDIES AND WORKERS.

Acetic acid, J. T. Kent.	Euphorbium,
Aconite, E. J. Lee.	Euphrasia,
Aesculus, J. V. Allen (worked).	Gelsemium, A. McNeil (worked).
Ailanthus J. V. Allen (worked).	Graphites, Samuel Long.
Alumina, M. Preston (pledged).	Gratiola,
Amm.-carb., } W. M. James	Guaiacum,
Amm.-mur., } (pledged).	Hepar, L. Hamilton Evans.
Anacardium,	Hydrastis, Leila A. Ren Dell Good-
Apis, W. P. Wesselhoeft (pledged).	rich.
Argentum, } E. Rushmore (pledged).	Ignatia, G. H. Clark (worked).
Argent.-nit. }	Indium, J. B. Bell (pledged).
Arsenic, E. A. Ballard (pledged).	Iodum,
Arum tri., Wm. Jefferson Guernsey	Kali bich., } Clarence Willard But-
(worked).	Kali carb., } ler (pledged).
Aurum, R. H. Bedell.	Kali-iod., }
Baptisia, Geo. W. Sherbino (pledged).	Kalmia,
Baryta,	Lac. caninum, E. W. Berridge.
Belladonna, W. S. Gee (published	Lachesis, Ad. Lippe (pledged).
Nov., '87).	Lachnanthes,
Borax, T. P. Birdsall.	Lycopodium, P. P. Wells (pledged).
Bryonia, W. H. Baker (worked).	Magn.-carb., } J. B. Gregg Custis
Calcarea, } Franklin Powel.	Magn.-mur., } (pledged).
Calc.-ph., }	Manganum,
Cantharis, C. Carleton Smith	Mercurius, } H. C. Allen,
(pledged).	Merc.-bin. & prot. iod., } (pledged).
Capsicum, E. W. Sawyer (pledged).	Mezereum,
Carbo an., } Edward Cranch.	Mur.-acid,
Carbo veg. }	Natr.-ars., }
Causticum, George G. Gale.	Natr.-m. & ph., }
Cistus, E. J. Lee (worked).	Nitr.-acid, E. P. Hussey (pledged).
Conium,	Nux-vomica, D. C. McLaren.
Creosote, Alice B. Campbell.	Petroleum, Julius Schmitt (pledged).
Digitalis,	Phosphorus, } Wm. Jefferson Guern-
Dioscorea, J. B. Bell (pledged).	Phosph.-acid, } sey.
Drosera, S. A. Kimball.	Phytolacca, E. B. Nash, published
Dulcamara, A. McNeil.	June, '87.

REMEDIES AND WORKERS—*Continued.*

Platinum,  
 Psorinum, W. A. Hawley (pledged).  
 Pulsatilla, J. A. Biegler (pledged).  
 Rhododendron,  
 Rhus-tox,  
 Sabadilla,  
 Sarsaparilla, Flora A. Waddell.  
 Senega,  
 Sepia, B. L. B. Baylies.  
 Silicea, John C. Robert.

Spongia, C. Carleton Smith.  
 Stannum, T. S. Keith.  
 Staphisagria, R. L. Thurston.  
 Strontia, J. W. Thomson.  
 Sulphur, J. T. Kent (pledged).  
 Sulph.-acid.  
 Thuja, J. E. Winans.  
 Veratrum,  
 Zinc, W. S. Gee.

Who will volunteer for remedies not having names set opposite them.

## THERAPEUTICS OF THE THROAT: CISTUS.

THROAT in general. Dryness of throat; feeling of dryness and heat, worse after sleep; better after eating or drinking. Also a small dry spot in gullet (in larynx: *Con.*), which is worse after sleeping; at night must rise and drink; eating relieves this dryness (*Berb.*, *Tellur.*) even better than drinking. Dryness is worse from midday to midnight. Constantly obliged to swallow to relieve the dryness, especially at night. (Desire to swallow on account of burning in throat: *Acon.*, *Bov.*)

There is a feeling of coolness in throat; inhaling *cold air causes pain in throat*. There are sensations such as a feeling of sand in throat, or a feeling of softness (both peculiar to this drug).

Of pains, etc., we find: Crawling-itching; periodical itching; tickling and soreness; tearing pain on coughing (*All-c.*, *Phos.*); rawness extending to chest; in morning sore pain in throat and dryness of the tongue (*Nux mos.*).

Hawking of tough, gum-like mucus, which is tasteless, mostly in the morning. On back part of throat (pharynx) are seen stripes of tough mucus (like *Kalic.*; *Acet-ac.*, has film of mucus seen on throat). Feels much relieved after getting the phlegm up. *Stitches in the throat, after mental excitement, causing cough*. The fauces inflamed and dry without any dry feeling; throat looks glassy. Externally, there are scrofulous swelling and suppuration of the glands.

LARYNX. Inhaled air feels cool. (Also *Brom.*, *Rhus*, and *Sulph.*)

Itching and scratching in larynx, with anxious dreams. Chronic itching. Feeling as if windpipe were contracted. (*Phosp.* suffocative contraction at night on waking.) Pain in trachea. (Under this heading it might be well to quote a



peculiar symptom of *Cistus*, given by Hering: In evening soon after lying down a sensation as if ants were running through whole body; then anxious, difficult breathing; is obliged to get up and open the window; fresh air relieves him; immediately on lying down again these sensations return.

**COUGH.** Mental agitation excites cough; tearing pain in throat from the cough. Expectoration is bitter, and relieves patient very much.

**COMMENTS.**—*Cistus* has not very numerous throat symptoms, but most of those here given are peculiar to this remedy. The cough worse from mental excitement, which causes stitches in throat, the feeling of softness, or that as if sand were in throat, the pain from inhaling cold air, are all peculiar to this drug.

Dryness of the throat, etc., is also a prominent symptom; but many drugs have it. *Nux mos.*, mouth tongue and throat are so dry patient can hardly move tongue. *Senega*, throat so dry it hurts to talk. *Dioscorea*, throat so dry can't even belch. *Sanguinaria*, throat so dry feels as if it would crack; also burning, worse after eating sweets. The dryness relieved more by eating than drinking is peculiar and is found also under *Berb.* and *Tellur.*; while *Phell.* and *Phyt.* have it relieved after breakfast.

This cold feeling of *Cistus* in throat is also found in stomach, before and after eating, in whole abdomen, in the nose, the eructations and saliva and the breath feel cool, finger tips are sensitive to cold air, forehead feels cold externally and internally also. The patient generally is apt to be sensitive to cold air.

*Cistus* is most suitable to scrofulous patients, with swollen glands, sensitiveness to air, and worse from mental agitation and vexation. Compare with: *Arg-n.*, *Cale.*, *Carb-v.*, *Graph.*, *Kali-bi.*, *Kali c.*, *Lach.*, *Nitr-ac.*, *Paris*, *Phosp.*, *Sulph.*, etc.

E. J. LEE.

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## THERAPEUTICS OF THROAT: IGNATIA.

### OBJECTIVE.

Disease begins on right side (*Lycop.*).

Tonsils inflamed, hard, swollen, with small ulcers.

Increased turgescence of tonsils.

Redness, inflammation, and soreness of inner mouth.

Whole inner surface of mouth sore.

Tendency to swelling of cervical glands.

## SUBJECTIVE.

Sensation as if palate were swollen, or covered with tenacious mucus.

*Sticking in palate, extending to inner ear.*

Stitches in soft palate, extending to the ear.

Sensation in palate as if sore.

Constrictive sensation in pit of throat, causing cough, as from fumes of sulphur.

*Retching (constrictive) sensation in middle of throat, as if there were a large morsel of food or a plug sticking there, WORSE WHEN NOT SWALLOWING THAN WHEN SWALLOWING.*

Pressure in throat.

Sticking low down in throat when swallowing, *it disappears on continuing to swallow, and returns when not swallowing.*

*When swallowing, it seems as though one swallowed over a bone, causing cracking.*

*Sensation as though a plug were sticking in throat, noticed when not swallowing.*

Needle-like stitches low down in throat, in quick succession, when not swallowing.

Sore throat; the internal throat is painful, as if raw and sore.

Pain in throat as from soreness, only noticed when swallowing.

Aching in throat.

*Sore throat, stitches which are not felt when swallowing.*

Sore throat, like a lump in throat, which is painfully sore when swallowing.

STICKING IN THROAT WHEN NOT SWALLOWING, AND EVEN SOMEWHAT WHILE SWALLOWING; THE MORE HE SWALLOWS, HOWEVER, THE MORE IT DISAPPEARS: IF HE SWALLOWS ANYTHING SOLID, LIKE BREAD, IT SEEMS AS THOUGH THE STICKING ENTIRELY DISAPPEARS.

Throat worse when not swallowing and when swallowing liquids; better when swallowing food.

Choking sensation from the stomach up into the throat.

Pain in throat when touched as if glands were swollen.

FORMICATION IN THE ŒSOPHAGUS.

Tearing pain in larynx, much aggravated when swallowing and breathing.

*Crawling in pharynx.*

On eating there was some difficulty in swallowing food and drink.

*He was unable to swallow bread, it seemed too dry.*

Food seems to reach as far up as the throat in the evening before falling asleep and in the morning.

Pain in glands below angle of lower jaw on motion of throat.

Sub-maxillary glands painful after walking in open air.

Drawing pain in sub-maxillary glands, which extends into jaws, after which the glands become swollen.

*Pressive pains in cervical glands.*

Pain at first pressive, afterward drawing, in sub-maxillary glands.

Sticking in one side of throat and in parotid gland when swallowing.

Aggravation—Walking in open air; sub-maxillary glands painful.

Breathing: Tearing in larynx.

Coughing: “ “

Swallowing: “ “

When not swallowing: Constrictive sensation in middle of throat.

Sticking in throat.

Plug in throat.

Stitches in throat.

Sticking in parotid gland.

From tobacco: The symptoms in general.

Amelioration—When swallowing: STITCHES IN THROAT.

STICKING IN THROAT.

Other remedies, having a sensation of plug in throat when not swallowing, are: *Nat. mur.* and Sulph.

Capsicum has burning in throat, worse between the acts of swallowing.

Hahnemann says of Ignatia: “It is suitable for but few cases of chronic disease, and then only with the intermediate employment of some other suitable medicine of more persistent action.

“Ignatia is not suitable for persons or patients in whom anger, eagerness, or violence is predominant, but for those who are subject to rapid alternations of gayety and disposition to weep.”

It is especially suitable to nervous and hysterical females of mild but easily excited nature, and finds a prominent place where symptoms arise from or are aggravated by fright and grief.

GEORGE H. CLARK.

GERMANTOWN, PHILA.



## LECTURE ON MURIATIC ACID.

PROFESSOR J. T. KENT., M. D., ST. LOUIS.

The object of this lecture is to show you how to individualize. The great failure in prescribing is not in securing a right potency, but in selecting the appropriate remedy. I may lead you year after year down through the symptoms of remedies, and you will not see how to grasp a group of remedies that seem quite generally similar, and detect their differences. We will take up to-day *Muriatic acid* and some remedies that seem somewhat like it, and see if we can generalize with them, and then individualize. There is no greater task after the symptoms have been duly appreciated than individualizing between two or more medicines that seem similar to the sickness to be cured.

The most prominent feature is muscular prostration, as a result of blood-poisoning. Muriatic acid occupies a prominent sphere in zymosis, zymotic diseases, typhoid, that peculiar state and condition of disease, marked by sepsis, associated with paralysis, weakness of the muscles of the body.

In a large number of the complaints there is a marked absence of any primary cerebral trouble, but later there comes on a marked cerebral condition, depending upon this zymotic state, cardiac paralysis. In the mind symptoms, we have loss of consciousness, coma, passive delirium, muttering, picking at the bed-clothes, tendency to slide down in the bed. During the coma there is moaning, always moaning; this state we find in typhoid fever; as we run down the typhoid fever it has a typical state, dryness, bleeding of the mucous membrane, exudation of dark blood, the tongue is coated; if the coat is removed it is bright red; or the tongue covered with dark brown or black coating; tongue is projected with difficulty.

Ulcers on the mucous membrane as well as on the skin. Ulcers with bleeding and burning; burning is a characteristic of Muriatic acid. Ulcers burn, eruptions burn, burning in the veins. It produces hemorrhoidal tumors, that protrude like grapes, burning when touched, like Phos. acid. Burning in the stomach, burning in the abdomen.

It produces crops of boils and carbuncles that burn and have sticking on the slightest touch. It produces an increased zymotic condition of the skin, blue spots, like Arnica.

It sours the secretions of the body, acrid discharges, excoriate

and burn, tendency to raw surfaces upon the body, exfoliation of the cuticle in patches.

In the abdomen we have extreme soreness, burning, bloating, tympanitic condition—drum-like; vomiting and diarrhœa, or diarrhœa without vomiting; vomiting of sour smelling water, vomiting of feces; sometimes profuse, gushing diarrhœa, with this there is great prostration; extreme offensiveness of the secretions and excretions, the breath is foul, and the patient smells badly; it corresponds to a low type of typhoid fever. There is something peculiar about the prostration as to its coming on; in some ways it would make you think of Phos. acid, but the Phos. acid patient becomes delirious, yet he is very strong, finally as a result of more cerebral congestion he takes on a weakness of the muscles; as a result of the brain congestion, the trouble starts in the brain. We will reverse that in Muriatic acid, the paralysis comes on from the sepsis, and finally the brain assumes its form of congestion and delirium. Muriatic acid is to the muscles what Phos. acid is to the brain, but if you see them in the advanced stage, they are both alike, they both slide down the bed, they both pick at the bed-clothes, in both unconsciousness, involuntary stools and urine, they both seem to enter into the extreme passive state, state of unconsciousness, that may be the result of typhoid or symptomatic typhoid.

He must strain and wait a long time for the urine to pass; finally, after straining a long time, the urine dribbles away. While pressing to urinate the rectum prolapses, he has prolapsus of the rectum, while pressing to urinate; you will not find that in any other remedy.

Now I have described as much of the typhoid state as Muriatic acid conforms to; there are a number of little symptoms in this remedy, but these are the principal ones. This remedy runs into association with many remedies that you will have to use in different climes and different diseases that sometimes assume the septic state, as measles, scarlet fever, and diphtheria have many conditions of typhoid sepsis and zymotic state; septic condition like puerperal fever, which takes on a rapid typhoid, and we have a large number of remedies running in. Now let us draw an imaginary circle. And now let us put inside of that circle the pathognomonic symptoms of typhoid fever. A typical case of typhoid comes on slowly. The patient feels badly for weeks before he is confined to his bed. The diarrhœa finally comes on with offensive mushy stools, yellow or brown, and there is increasing prostration and the fever is continued. Read up the

books and gather the symptoms there named as belonging to the continued or typhoid fever; take them bodily and write them inside of this circle. No matter what name you apply to this circle or complexity of symptoms. This you must do at every typhoid bedside. At a glance you will learn to see a general similarity standing out of this group that will remind you of the picture or image of some remedies used for its cure. Related to the drug in mind, we have especially Arn., Ars., Bry., Bapt., Phos., Phos-ac., and others that might confuse you to mention. We must first see the similarity in the images considered generally, and then we must take up the list and see why they are not all in perfect consonance with the symptoms of the patient. They all may have in a greater or less degree the pathognomonic symptoms in the circle, and yet not one of them be able to cure the sickness. Generally, they may all be similar but specifically quite dissimilar. Thus far we have only stated that there is a general similarity between these remedies and Muriatic acid, and only a general similarity between Muriatic acid and the group of symptoms in the circle. In relation to the specific study of these medicines there must be some objective point, hence we have taken the fragmentary image in the circle. We have a marked typhoid image in Muriatic acid, so we have in all the rest of the named medicines. When shall we give one and when shall we give another. Every case you meet will furnish you a new problem.

Suppose we start with Arnica. It produces great muscular weakness, and the unconsciousness like Mur.-ac., but the Arn. patient comes down more rapidly; he becomes stupid rapidly and says he has been bruised; he is so sore all over and complains of the hardness of the bed. He must not be touched. We do not find this soreness in Muriatic acid. Both have ecchymoses, bluish spots, brown sordes on the teeth, and bloody exudations. In Arnica he forgets the word while speaking. He attempts to say something in answer to your interrogations and fails because he has forgotten the words to express his ideas; he becomes provoked at this and drops into a stupor. If again aroused he becomes very irritable and declares he is not sick, that he did not send for a doctor, and does not need a doctor. He will do all this when he is distressingly and dangerously sick. He may refuse to take the medicine, and then swallow it without resistance. He has offensive, gushing, inky stools, that come on even in the first days of his sickness. These symptoms coming prematurely in typhoid fever suddenly, the activity of the symptoms is peculiar. If these symptoms should come on later



one could scarcely think of Arnica—I mean the diarrhœa symptoms. In Muriatic acid the brain symptoms come on later, and also the diarrhœa.

In Arsenicum we see much of the image that is similar to Mur.-ac. The extreme prostration is a grand symptom of Arsenicum. It seems that he will die; he can hardly move a hand, he is so debilitated, so weak. Perhaps he has passed through a period of restlessness and extreme mental anguish in which he finds no rest. He goes from chair to bed and from one bed to another.

Moaning all the time, finding no comfort. Even the anguish is depicted on his countenance. He has a constant fear of death. He is thirsty, and the most typical feature of his thirst is that he wants just water enough to moisten his mouth and throat; thirst for large quantities frequently is a strong feature in Arsenicum. Craving for hot drinks is often found. Frequent, scanty, bloody, brown, black, cadaverous stools. In Muriatic acid the stools are copious.

Arum.-tr. covers typhoid states, sepsis, blood-poisoning, etc. The foul mouth, raw and bleeding lips, tingling of nose, compelling him to bore the nose with the fingers, which is already raw and bleeding. He picks the tips of his fingers until they become sore, also the lips and nose; urine is scanty or suppressed. He passes into unconsciousness and slides down in bed. Mushy stools very frequently day and night.

Baptisia has a marked general zymotic state. So true is this that unskilled homœopaths will say, "Baptisia for typhoid fever," without pointing out when it is indicated and when it is inappropriate. The homœopathist will always say, *When shall I prescribe it?* The patient has a besotted expression, as if he had been on a debauch with strong drink. He looks as if his condition had come on slowly, but it has come on suddenly. The stupid condition has been but a few days coming to coma. He will at first answer your question and drop into a stupor. Like Muriatic-ac., his jaw drops and there are bluish spots on his face; watery, offensive stool associated with this typhoid state; the stool is so extremely offensive that you can smell it all over the house. It is death-like, it permeates the house, you can carry it with your clothing. We have extreme offensiveness in Bapt.; it has a little restlessness at times but he will draw up his knees and lie over on one side, and lie there for days and will not speak to anybody; he attempts to answer and falls asleep; if he has wandering, as we sometimes find him, he seems to be scattered all over the bed, and seems to want to get the limbs to-

gether ; he thinks he is made up of numerous factors ; he thinks his limbs are talking to each other and it annoys him ; he wants to get them together.

The Bryonia patient is full of pains and aches, sore and bruised, diarrhœa, irritable in the extreme, and is only contented when let alone and permitted to lie quiet, and not urged to move. Bry. has the pains and aches that belong to the typhoid state, all made worse from motion ; it has the mushy diarrhœa, the tympanitic abdomen, brown tongue, sordes on the teeth, great prostration, complaints come on slowly and the fever is continued ; Bry. has these things. Now, in short, that is how Bry. competes with Muriatic acid, which has a desire to move, and better from motion, while Bry. is worse from motion.

Carbo veg. enters into this state ; it has the prostration, the tympanitic abdomen, the pathognomonic symptoms of the typhoid state ; it is horribly offensive, the breath and feces, and particularly is he filled with gas, which he passes, and it is very offensive ; he can hardly tolerate himself ; he has a sickly appearance ; he seems sinking ; the nose and the expression of the face are cadaverous ; he wants air, he wants the windows open, and wants to be fanned ; wants some one on either side of him to fan him, which gives him relief.

China has it all too ; has the whole typhoid fever ; while it is more characteristic for China to have periodicity, yet there are times it has a continued fever. It is indicated for the deathly sinking belonging to the last stages of typhoid, the watery, involuntary stools, profuse, painless, watery diarrhœa, hemorrhages or after hemorrhages ; when the diarrhœa gives you the key-note, remember this, that where the bowels don't move in the day except after nourishment, and where the diarrhœa is frequent at night, of dark, inky fluid, don't fail to give China ; exudations about the teeth, bleeding mucous membranes, blood-poisonings.

Colchicum compares with Muriatic acid, the aching pains, the muscular soreness, the swelling of the joints, the watery diarrhœa and the stomach disorder, that is peculiar to Colch., the thought or smell of food, the smell of cooking food, the mere mention of oysters, soup, or broth will make the patient gag ; sickness, nausea, horrible aversion to something to eat ; so they go on for days and days, until you cure it ; there are lots of cases lost for the want of knowledge of Colchicum ; I have known patients to actually vomit and retch when hearing some one speak of something to eat. You need not wait long for it to help that condition. Cocculus is something like it, but not compared here.

Gels. has the muscular prostration of Muriatic acid; it is expressed in Gels. and not expressed in Muriatic acid. You have to see it; he does not realize that he is so weak, but Gels. will tell you "I am so tired, always so tired, and my limbs feel so heavy." He has the mental power to understand it and express it to you; in cardiac trouble he will tell you about it.

If you will prescribe on these indications you will never have a typhoid fever, because it will not get there.

Any prescriber ought to stop a common case of typhoid fever in ten days, allowing two or three days in the start without medicine.

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### PROCEEDINGS OF THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

A stated meeting of the "Hahnemannian Association of Pennsylvania," was held at the Continental Hotel, Tuesday, December 13th. Dr. Mahlon Preston, of Norristown, presiding. Present, all the active members, two honorary members, four associates, and two visitors.

Dr. Geo. H. Clark, of Germantown, read a paper on *Asterias rubens*, after which he was granted time to read a proving of *Dulcamara*. The prover, a lady, had been directed to take three doses, three hours apart. She took the first at 8 A.M., and at 8.20 noted some symptoms of the drug. Among others was the great feeling of "relaxation," which was very marked and which the Doctor said went to confirm other records. (Paper on *Asterias* is given in this issue.)

Discussion:

Dr. C. Carleton Smith—What temperament was prover?

Dr. Clark—Lymphatic.

Dr. John V. Allen—Did she know what she was taking?

Dr. Clark—No.

Dr. Robt. Farley—Your paper alluded to a pressure in the womb; what direction was that?

Dr. Clark—Downwards and forward.

Dr. Smith—What menstrual symptoms were noticed?

Dr. Clark—Delayed, and with colic which ceased as the flow appeared.

Dr. Preston—What proving have you consulted in comparison?

Dr. Clark—Those in Hering and Allen.

Dr. Smith—Symptoms usually go on with the menses for a time, but under *Dulc.* they do not. They improve.



Dr. Preston—I once made a cure of a hard tumor of the left breast when the nipple was retracted and the patient had just cause to fear cancer from the fact that a number of her family had died of it. I gave her *Asterias rubens*.

Dr. Clark—Were the axillary glands swollen?

Dr. Preston—Yes, a little.

Dr. Smith—Had she any ovarian trouble?

Dr. Preston—I don't know. As the case improved an ordinary abscess was set up in the breast which went on to supuration, discharged and healed.

Dr. Farley—I never heard of a case of ordinary abscess having contraction of the nipple.

Dr. Smith—She either had or would have had some serious ovarian affection—it is a sure sign.

Dr. Edmund J. Lee read a letter from Dr. Tyrrell, of Toronto, Ontario, regarding Kali cyanatum, which he believed would be of great service in cancer, and presented a number of powders of the medicine for those desiring to make provings. They were distributed for that purpose. (The letter is given in this issue.)

#### Discussion:

Dr. R. B. Johnstone—Three or four years ago I saw a woman with a fearful cancer of the breast, which had been diagnosed as carcinoma by several very prominent physicians. The nipple was retracted and there were three large lumps. Her breast was so large as to require support. The lumps looked as though there was something running under the skin, although there was no fluctuation, and appeared as if contused. In proving *Primos verticillatus* a man had the appearance in the arms on holding them up as though there was something running down under the skin. On this indication I gave her the 2c. potency, and her nipple came out and she broke out with a pustular eruption and improved nicely.

Dr. Guernsey—Where was the eruption?

Dr. Johnstone—About the arms and hips.

The article on *The Organon* being called next, Dr. Johnstone stated that he had prepared it but forgot to bring it.

Original paper called, and Dr. Robt. Farley, of Phoenixville, read one entitled *Taking the Case* (which is given in this number).

#### Discussion:

Dr. Walter M. James—I had a patient who had erysipelas of right side of face, with great swelling; the eye seemed entirely obliterated. Had much trouble to find the remedy, but finally noticed that it was extending to the left side rapidly, and gave *Lycop.*, which helped very much in an hour's time. In seventy-two

hours she was well. I gave two doses, an hour apart. You speak of making light of cases ; I once had a patient who had been to a "water-cure" establishment for treatment and had been given up to die. She would not sit still five minutes, but constantly move about and one dose of *Arsen.* helped.

Dr. Preston—Does any one know of a remedy having the symptom of thinking they are pregnant?

Dr. Allen—*Thuja* has "old maids think they are pregnant."

I had a case of facial neuralgia in a dentist who had suffered severely from it for years, and who had submitted to removal of part of the nerve, and all kinds of drugging without effect. *Belladonna* helped his attacks, and sometime ago he sent in haste for me, and I sent a few powders of *Bell.*, until I could get there. He then wrote a note, asking if he could use the hypodermic syringe. I replied, of course, that he could not, but on getting to his house two hours afterward learned that his lips and mouth had been so excessively sore that he could not take the medicine in the usual way, and so had dissolved the *Bell.* in water, and after thoroughly cleansing the syringe, had taken a little hypodermically with *instant relief*.

Dr. Clark—Which side was the pain on?

Dr. Allen—Right side.

Dr. Clark—Water injected hypodermically has been known to act like Morphia.

Dr. Lawton—The remedy would act quicker in that way though.

Dr. Guernsey—My uncle used to say that a more powerful effect could be obtained from a medicine by taking a little of the solution on the tongue, forcibly inhaling through the mouth until the lungs were thoroughly inflated, and then exhaling through the nose, thus reaching the entire mucous tract.

Cases for advice being next in order, Dr. Farley stated the following symptoms: Gastric weakness. Sensation of an "all gone feeling," worse when tired. Better by belching. Worse after eleven A. M., and again at nine or ten P. M. Breakfast makes him feel good for nothing; better by lying down. Feels as if struck in stomach. Every three or four months has an attack of pain in intestines, which begins early in morning, waking from sleep causes great sweat and not relieved till after bowels move. Bowels usually costive, but with these attacks loose. Scaly eruption on scalp. After sitting in a room full of tobacco smoke has throbbing headache. He was directed to give *Sulphur*, high.

Dr. Guernsey then presented the resolution which had been

“ tabled ” at the last meeting, condemning vaccination with either human or bovine virus as dangerous and of questionable efficacy, and recommending the vaccination with tartarized Antimony, or the administration of *Malandrinum*. Passed.

Dr. Smith—I never vaccinate, it is an abomination; I use *Malandrinum*.

Dr. Johnstone stated that two of his children had had serious trouble from vaccination and died of diphtheria in a year.

Dr. Guernsey had had precisely same results with one of his. Appointments for next meeting:

*Organon*, Dr. R. B. Johnstone, Germantown, Phila.

*Original paper*, Dr. C. H. Lawton, Wilmington, Del.

*Materia Medica*, Dr. Wm. H. A. Fitz, Philadelphia.

Three physicians were elected to associate membership. Adjourned.

WM. JEFFERSON GUERNSEY, *Secretary*.

## ASTERIAS RUBENS.

GEORGE H. CLARK, M. D., GERMANTOWN, PHILADELPHIA.

A remedy that gives in its pathogenesis symptoms similar to apoplexy, cancer, epilepsy, hysteria, and various uterine affections is certainly entitled to marked notice. As *Asterias rubens* does possess symptoms similar to the above affections the time devoted to its study should be profitable.

As to symptoms pertaining to apoplexy we find: Became very impatient, which is a precursor of that affection. Sudden attacks of vertigo, like shocks in the head. Sanguineous congestion to the brain.

A prominent symptom is: Wakes at night with sensation as if the brain were shaken by electric shocks; head seems empty; almost deprived of consciousness; thinks he is attacked by apoplexy; lasts several minutes; when he recovers consciousness pulse hard. Again, this symptom was somewhat modified; there was the awakening at night in distress as from electric shocks in the brain; head felt as if bursting; apprehended apoplexy; when he came to himself pulse was hard, very quick, and the right parotid throbbled violently.

There are cerebral congestions, accompanied by obstinate constipation. The outer head is burning.

Another prominent symptom of apoplexy: Gradually lost his sight; pupils were closed by the excessively contracted irides. During the night great agitation and little sleep. The



face is red, pulse hard, compressed, and frequent, and where can a more perfect picture of cancer be found, particularly the glandular form, scirrhus? Earthy appearance of face. Obstinate constipation; twelve to fifteen days elapsed without an evacuation, which consisted, when it occurred, of very hard, round substances about the size of an olive. A symptom of cancer of the rectum.

Lancinating pain in the mammary tumor. Lancinating or acute smarting pains entirely deprived her of rest, especially at night. Drawing pain in the breasts. Left breast feels drawn in. Around the nipple, which was sunk into a cavity, skin smooth and adherent; upon one point a violet spot, having fungus hematodes. Ulceration and swelling in left breast; sharp, stitching pain going through to back.

Breasts swollen, distended as before the menses, induration of left mamma, size of head of infant; insensible, hard, and angular. Right breast beginning to manifest symptoms of scirrhus.

A scirrhus tumor forms in right mamma, adhering by its entire base to the thoracic walls. A livid red spot appeared upon one point of the tumor, broke, and gave exit to a discharge; gradually invaded the whole breast, eight inches in circumference, discharging very fetid ichor; edges pale, elevated, mamillary, hard, everted; bottom covered with reddish granulations.

Sternal integument swollen and painful. Axillary glands swollen, hard, and knotted. Nocturnal lancinating pain in the tumor. Ulcers with sensitive edges, fetid discharge.

This remedy is rich in symptoms of epilepsy. There are: Loss of consciousness. Does not lose consciousness but has hallucinations, as if away from home in the midst of strangers; hears voices to which he replies. Easily excited by any emotion, especially by contradiction. A violent pressure upon the anterior lobes of the brain, extending even beneath the eyes; one day so severe that while seated at the table she fell forward, and remained unconscious for some minutes.

Pallor of the face. Her face was pale, and her jaws set while unconscious. At the commencement of the last meal of the day falls forward unconscious. Great debility, with distress in the epigastrium. With the attacks convulsive motions of the limbs. Twitching over the whole body four or five days before the attacks. Weak and pale. Sudden falling; livid face, convulsive motion of the jaws, froth at the mouth, shocks in the limbs, loss of consciousness. After the attacks great debility, with a sense of distress in the epigastrium.

Convulsive attacks, after pressing pain in forepart of the head and over the eyes, with falling forward, loss of consciousness, trismus, pale face, convulsive motion of the limbs. After attacks, prostration and anxiety in upper part of abdomen.

For hysterical symptoms we have: It seems as if some misfortune were impending, as if bad news were about to arrive; tears afford relief, and the various uterine symptoms, which account for the hysterical condition.

There is excitement of the venereal appetite, in the morning in bed, not removed by coitus; annoying, making her ill-humored and disposed to weep.

Sensation of pressure on the lower abdominal organs impeding locomotion.

Venereal desires, erotic thoughts, nervous agitation and distress produced by importunate venereal craving resembling an irresistible power, giving rise to ideas of violence, despair, etc. General feeling of distress in the womb, as though something were passing out.

Jerking in the uterus. Severe general pain over the womb, as if something protruded behind it. Sensation in the womb, as if something was pushing.

Menses are delayed, and colic and other sufferings cease with the flow, which is more abundant than usual, and there is drawing pain in the back and sacrum.

Closely related to *Ast. rub.* are *Murex* and *Sepia*.

*Murex* produces a depressing effect upon the sensorium, and there is confusion of ideas and diminished intellectual activity.

The provings of *Murex* are not yet sufficiently extended to show its full value, but like *Ast. rub.* and *Sepia* its effects upon the uterus and its appendages are notable. It produces sexual excitement, which is so evident as to fatigue the reason; being, in this respect, very similar to *Ast. rub.* *Platina* has violent sexual excitement. *Hyoseyamus*, also, but with disturbance and perversion of the intelligence and moral sense constituting nymphomania.

*Hyoseyamus* is closely allied to *Ast. rub.* in having apoplectic conditions alternating with epilepsy.

In *Murex* the menses are delayed, with this peculiarity, that after flowing a few days they cease, and after twelve hours re-appear. *Sepia*, also, has this symptom.

*Kreosote* has a similar condition, together with irritation of the bladder, and a very acrid discharge from the vagina, causing the pudenda and thighs to swell and become raw, burning and itching.

Murex has severe pains in the mammæ and sharp lancements, and is in these allied to Ast. rub.

Lilium tigrinum is another remedy worthy of comparison with Ast. rub., while Bell., Calc. carb., Carbo an., Conium, Sil., and Sulph. are remedies which deserve study in the same connection.

## KALI CYANATE: PROVERS NEEDED.

*My dear Doctor :*

I would like to call your attention to a remedy that promises to be of great service to us in the treatment of that terrible scourge to humanity, carcinoma. I want your aid in proving the drug and in verifying said proving by clinical evidence; will you help me, so I may have as full a pathogenesis and as many verifications as possible, so I may complete a paper in time for the International Hahnemannian Association next June? I would like a faithful report of all common and peculiar symptoms and order of relief marked in each case treated; also, I would like day-books of provers.

My attention was called to the remedy by my friend, Dr. E. T. Adams, of Toronto, and in error of size of dose I triturated it for him in ratio of one to two hundred, as he said dose was one-two-hundredth of a grain; since then I got some pure from Darmstadt, and run it up on my "Skinner's Fluxion Centesimal Potentizer," and will send you grafts for your own use and provings.

Kali Hydrocyanate, or, more properly, Cyanate, is the remedy referred to, and must not be confounded with the familiar Cyanide, as it differs from it both chemically, physically, and therapeutically—the chemical formula for Cyanyde you all know, K C N, while the Cyanate is K C N O.

The following is from Petroz' *Collected Writings*:

"In 1829 a woman, living in the Rue St. Nicolas, came to ask my advice about a disease of the tongue, for which she had been under the care of Dr. L'Herminier. The organ was profoundly altered by ulcer, which appeared to me to be cancerous, and which occupied its right side; the edges, especially posteriorly, were indurated, raised, and knotty; speech was difficult, indistinct, and accompanied with much pain. The patient could only take liquid nourishment. Distrusting my own diagnosis, I sent her to Professor Marjolin. She brought back to me the following judgment: 'Cancerous ulcer; no chance of cure but



from operation, and this is impossible, for the base of the tongue is involved.'

"In the presence of so grave a disease I turned my thoughts to diminish her sufferings. I prescribed the one-hundredth of a grain of Hydrocyanate of Potassa, to be repeated every fourth day. After fifteen days I again saw the patient. She suffered less, the tongue appeared to me not so thick, the edges less hard, the speech easier. The medicine was continued in the same way. Fifteen days later the patient, whose countenance had lost its gray hue and drawn features, said to me, with joy: 'I begin to be able to eat a crumb of bread.' The Hydrocyanate was continued for a month longer, when the cure was complete. It is now eighteen years ago, and there has been no relapse."

The following is a case treated by my friend, Dr. E. T. Adams:

J. S., æt. fifty-eight, hard case and thoroughly whisky-soaked, had been under treatment of many old school physicians—latterly under a well-known surgeon—and each diagnosed cancerous ulcer; prognosis, death. The description of above case exactly gives his condition—a deep ulcer in right side of tongue, in which the first joint of a man's thumb might be laid.

Could not take solid food, and only with great pain liquid; was so weak he could scarcely move from his bed. Under the Cyanate he improved quickly, so much so, that this eminent surgeon gave hope of recovery, not knowing a heretical homœopath was attending him. In about eight days was so much stronger he could go for a long walk before six A. M.; the last Dr. Adams saw him he was eating dry bread and boiled beef with comparative ease and comfort. This good surgeon, this "humane aggressor" rescued him from the heretics, and, working upon his ignorance and fears, gained his unwilling consent to have tongue removed. This was done at once, and he lived only about seventeen days, dying in great agony. So much for "scientific" treatment.

The Cyanate of Potassa deserved all the credit for improvement in this case, and I am morally sure it would have cured if left alone.

My own experience has been similar until the one or two cases I had fell into the hands of the Philistines. One lady we know of is so sensitive that any dose either aggravates her condition, or reproduces the chronic sore throat. There is no getting away from the truth of these facts, and it behooves us to prove this drug and verify the pathogenesis.

Fraternally yours,

J. D. TYRRELL, Toronto, Canada.

## TAKING THE CASE.

### TO THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA:—

This subject is of vital importance to every homœopathic physician and yet how terribly is it neglected by the vast majority of them, because of their carelessness and laziness ; or through their ignorance of its positive necessity in order to make rapid, gentle, and permanent cures. We, as homœopathic physicians, believe the *totality* of the symptoms presented by the sufferer to be the infallible guide in choosing the curative remedy, and yet how few of us *get* the totality of the symptoms to guide us in our choice of the remedy. We believe the remedy which will cure the case quickly, gently, and permanently is the one whose symptoms most nearly resemble the symptoms presented by our patient.

Now it is very evident to us all, that we cannot choose the most similar remedy in a given case if we do not have *all* the symptoms of the case for comparison, or, in other words, we cannot fit the foot with a shoe if we are in ignorance as to the size of the foot. Hahnemann advised his followers to take a written record of each case, but that entails too much labor and is too slow and prosy for this “quick-stepping” generation. We prefer to make “snap shots,” shoot often—and usually miss the bird.

It is true, that all physicians have not the faculty of taking a clear and perfect picture of the case in hand, but we could nearly *all* of us do much better than we do, if we would appreciate the responsibility and grandeur of our calling, that of saving human life and alleviating suffering, and would study the writings of our master, Hahnemann, more earnestly, with the desire to thoroughly comprehend our art. Hahnemann has said : “When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it becomes a crime.”

We have said that all physicians have not the ability to properly take a case for the homœopathic prescription. Now if this be true, what are the requisites necessary in the physician for the proper taking of the case ? He must possess the ability to read human nature in its many phases, for his patients will be of all sizes, shapes, and kinds and of both sexes ; keen powers of observation, educated by daily and hourly practice ; fidelity in noting the case, unbiased judgment, and with all, wonderful tact

in order to deal with peculiarities successfully and not cause offense. He must command respect and confidence and cause the patient to feel that he has his (the patient's) greatest good at heart, and that his examination of the case is only intended to enable him to apply the means that will restore him to health.

We have tried to picture the ideal examiner; now, how shall the examination be conducted?

What will be said relates principally to chronic cases, for they are vastly more intricate, mixed up, and harder to faithfully picture. In acute cases the important, chief, and characteristic symptoms are prominent and usually easily comprehended, while in chronic cases, the characteristic symptoms, the ones that will be our chief guide in the selection of the homœopathic remedy, are often far from prominent; and, owing to the long-suffering of the patient, they may not be associated in his mind with any abnormal state, and may have to be brought out by questioning and cross-questioning.

In fact, we often need the skill of a lawyer in eliciting and weighing evidence. Some of our clients will greatly exaggerate their suffering and symptoms in order, as they think, to excite our sympathy and cause us to make strenuous efforts for their relief. Here we will have to do more or less subtracting to get a true picture of the case. Some others, again, will try to state the case to make it correspond to their preconceived ideas of what they believe is the disease from which they are suffering, or to make it conform to what they may think your idea of it is. Others will warp the case from dread of or shame for the truth; and some patients, for fear of appearing to be of a complaining disposition, will make light of their suffering and will in this way unintentionally baffle us if we are not extremely wide-awake to the situation. But the most aggravating of all, is the patient so astute as to be unable to describe his symptoms; he cannot deal in figurative speech at all; or he is so unobserving of himself that he cannot tell his physician whether he has an evacuation from his bowels each day or not. These are some of the difficulties to be overcome in taking the case.

When our patient begins the narration of his symptoms we must not interrupt him in any way, unless he wanders too far from the subject, but let him finish it in his own way, lest we interrupt the thread of his thought and he be not able to take it up again. Neither will it do to seem to comprehend his meaning too readily, or he will be less explicit and accurate in his recital, thinking we know it all without being told. During his recital of his symptoms we should be occupied in taking careful notes of the



symptoms as he mentions them, leaving plenty of space under the different heads, to be filled in later, after he has finished his recital. If the patient talks too rapidly we should caution him to speak more slowly, so that we may not miss anything in our notes. We must not consider any symptom too trifling for our notice, for who of us knows how important that, apparently trifling, symptom may be later on in the case; it may be the symptom that decides us in our choice of the simillimum to the case. But while we must note all symptoms, we must also be careful to exclude any spurious symptoms that may be given us by our patients.

Now after our patient has finished his recital there will be many important omissions, and if we have, as we should, left vacant space after each group or series of symptoms, we now, by questioning and cross-questioning, taking care to avoid leading or direct questions, will be able to complete our picture of the case.

A symptom is any deviation from the normal in function or in tissue, however discoverable, whether by sight, palpation, auscultation or by olfaction, whether subjective or objective; therefore we must use every means at our command to enable us to get the totality of the symptoms of each case. Without this completeness of examination many symptoms would mislead us, especially in our diagnosis and prognosis.

After this thorough taking of the case we have then to decide what symptoms are the characteristic and peculiar ones of each individual case. Our knowledge of materia medica will greatly aid us in the examination of the case. The recital of the case will call to our minds more or less perfect pictures of perhaps a number of remedies, and we will instinctively begin a comparison of these remedies with the case in hand, and thus bring out that which excludes some of the remedies and increase the similarity of others. By this running comparison we often bring out symptoms of importance that had been omitted and fill up and round off the features, and thus get a perfect picture of the case. Often by this time we have decided what drug in our materia medica presents a similar picture, if not, we must turn to it with the picture of the case and compare it with drug-pictures until we find its image reflected by a drug and our search is over.

In children and adults who are, from any cause, unable to observe and detail their own symptoms, we have recourse to their parents or friends who are with them, to state what they have observed and what complaints they have heard from the

patient, thus helping us to get the case and doing what, under other circumstances, the patient would have done.

Now after all our care and painstaking the picture may be a very imperfect one of the disease, due to the drugging the patient may have recently undergone. We may find it necessary to antidote the drug action and wait, to simply wait, or, to prescribe for the complex of drug symptoms and original disease symptoms and later, when our remedy has done all it can do, re-examine the case for the homœopathic remedy.

Another thing absolutely essential to the taking of a perfect picture, of the chronic case especially, is the history of the case. The different features of the case may make themselves manifest through a long period of time, months or even years; for example, one set of symptoms in the relaxing weather of spring or summer, another during the vigorous weather of winter. Therefore, in order to get a picture of the chronic case we must extend our observation of a long period of time. Dunham has reported an old case of cephalalgia, cured by him, with Aloes, the prescription being based on a diarrhœa from which the patient suffered every summer, the prescription being made during the winter, which was the time of the year the cephalalgia made itself manifest.

It occasionally happens that the disease of the patient is wholly due to errors in diet or in his habits in life, and a correction of these errors be all that is necessary for a return to health. The scientific physician will always endeavor to remove the cause of disease, wherever practicable, before he applies his homœopathic remedy for the case. This will indicate that a careful inquiry into the diet and habits of our patient's life should always constitute an important part of our examination of the case.

We know that some of the curable chronic diseases require months and even years for their removal; therefore, unless we take such cases in writing it is impossible to treat them with any satisfaction to a homœopathic physician. After the administration of the indicated remedy, and our patient calls again in a week, two weeks or a longer time, we can then refer to our record of the case and go carefully over it with our patient, ascertaining whether any changes or new symptoms have occurred, noting them and crossing off any that have disappeared for a sufficient length of time to warrant us in so doing; we then have a new picture and are ready to determine whether the remedy is still acting favorably, and we are to let it continue to do so, undisturbed, or, repeat the remedy, or whether this new picture demands a re-selection of the homœopathic remedy.

The lack of attention paid to the subject of this paper was very forcibly impressed upon my mind some months ago, when I attended a meeting of "The Homœopathic Medical Council," where a chronic case of long standing was presented for consultation, and I, very naturally, asked the physician who had been treating the case, he being an earnest disciple of Hahnemann, for his record of the case. His reply, "I have never written it up," surprised me, to say the least. Since that time the lack of attention paid to this important subject has been called to my mind several times, and when your worthy President requested me to present a paper to the "Association," I concluded to use the opportunity to present the subject for your consideration.

Our object in coming together in these meetings is for mutual benefit and the advancement of our beloved profession, the practice of pure Homœopathy; therefore, if in spite of the rambling and disjointed character of this paper, we have succeeded in impressing the very great importance of properly *taking the case* upon the mind of any homœopathic physician, we feel that something has been done for the advancement of pure Homœopathy, and are content.

Fraternally,

PHENIXVILLE, PA.

ROBT. FARLEY, M. D.

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### THE ABUSE OF OPIUM.

Said the late Dr. Farrington, in his lecture upon Opium (*vide Clinical Materia Medica*, page 244): "No drug is more freely abused by both allopath and homœopath(!) than is the one we are studying to-day. I would I had both opportunity and ability to convince the practitioner of the old school of medicine of the absurdity of his indiscriminate use of opiates; and I could hope still more earnestly to dissuade homœopaths from hiding their ignorance under the anodyne effects of an occasionally interpolated dose of Morphine or Laudanum. The one class, ignorant of any other means of assuaging pains, and the other class, too lazy to study their cases, seek relief for their patients in anodynes. Call them to task for their unscientific practice, and they meet you with the remark, 'My duty is to relieve the sick.' Let me rejoin: 'At any cost? Must you do what you know to be wrong?'" After a brief *résumé* of the *modus operandi* of Opium in its toxic action, Dr. Farrington says: "Now, gentlemen, let me ask, is it rational to assuage pain with a substance which paralyzes, and so relieves by taking away, *not the disease*, BUT THE ABILITY TO FEEL, THE CONSCIOUSNESS OF SUFFERING?"



## PROCEEDINGS OF THE ORGANON SOCIETY, BOSTON, MASS.

For some time past there has been a feeling that there were enough homœopathists, in and about Boston, who practiced true Homœopathy, to form a society for mutual advancement in the study of the truths which they endeavor to uphold. This culminated in the following letter of invitation, which was sent to twenty-one physicians in and about Boston :

BOSTON, December 3d, 1887.

DEAR DOCTOR : We have long thought it would promote the interests of Homœopathy if those who seek to practice it in its purity would draw more closely together for united study, observation, and discussion.

There are twenty-one or two men, including yourself, practicing in or near Boston, who may be said to belong to the class above described, and we invite you to meet them at our office for organization, Thursday evening, December 8th, at 7.45 P. M. It is proposed to call the society the "Organon Society," and to make the study of that work the leading feature of its meetings, and to hold those meetings as often as may be convenient at the homes of members in the city.

You are urgently requested to be present that we may have your advice and co-operation.

Very truly yours,  
[Signed], WM. P. WESSELHÆFT.  
JAMES B. BELL.

There were fifteen out of the twenty-one present December 8th, and those absent sent regrets, with hearty approval of the new departure.

Dr. Wesselhœft in an informal manner explained the object of the gathering, which was to get better acquainted with Homœopathy, and with each other. In no way, he thought, could that be better done than by a careful study of the *Organon*, and as that could better be done in a perfectly informal manner, it did not seem best to organize as a society, but to appoint some one to read each evening, and as points came up for discussion they could be illustrated by cases, and in this manner much practical good would be obtained. In regard to the translation to be used Dr. Wesselhœft was of the opinion that that by Dr. Conrad Wesselhœft was by far the best, both in regard to the correctness of the translation and the English

used. The only objection was that the foot-notes were in the back of the book instead of at the bottom of the page where they should be. It was thought best to take other translations also for comparison, and in case of doubt to refer to the original in German.

Dr. Bell thought it would be much better to meet in an informal manner, for in that way they would become much better acquainted with each other and not lose so much time in going through the ordinary society routine. He did not think they should be called blind followers of Hahnemann by any means. But having found by experience the value of the truths as laid down in the *Organon*, he thought it would do them all good to go to the fountain head and study once more the truths from which in these days there is so much departure.

After some discussion, in which all present expressed their approval of the ideas advanced, it seemed best, in order to have some regularity to the proceedings, to elect a chairman and secretary, and Dr. W. P. Wesselhœft was elected permanent chairman, and Dr. S. A. Kimball, secretary. It was voted to hold the meetings every other Thursday evening at Dr. Bell's office, for the present, and to have the next meeting December 15th, at 7.45 P. M., and close at 9.30 P. M.

In order to make a good beginning the introduction to the *Organon* was made the subject of the next meeting, and all were requested to be present with their *Organons*.

The first regular meeting of the Organon Society met at Dr. Bell's, Thursday evening, December 15th. Six more invitations had been issued, making the whole number twenty-seven. There were eighteen present in spite of a severe rain-storm.

Dr. Wesselhœft opened the exercises by reading a translation from Bœnninghausen's "Aphorisms" (which is found on another page in the present number). Then the introduction to the *Organon* was commenced. The sixth foot-note was a fertile source of discussion, as to whether coffee should be used in settling the stomach after vomiting; or whether in a paralyzed condition from overeating, sips of strong coffee should be taken in order to strengthen the stomach that it might throw off its contents. It seemed to be the sense of the meeting that while such things were much better than giving emetics, or anything of the sort, the indicated remedy would be one that would be required.

Some interesting remarks were made on the subject of intestinal worms.

Dr. Wesselhœft spoke of two cases in which tapeworms were

present—one where the patient, a woman, began to improve from the time the worm was discovered, and from being a very nervous, sickly patient, became healthy and strong. The tapeworm still persisted, and the case going into other hands it was forcibly expelled. From that time her health failed, and in several years' time she died of malignant disease of the stomach. The second case was that of a healthy young lady whose functions were all perfectly normal and who had no symptoms whatever. The only symptom was the presence of the worm, which seemed to have absorbed all the other psoric symptoms in the case. He did not believe they should be expelled even by pumpkin-seed infusion, but the patient should be carefully treated, and when cured the worm would disappear.

Drs. Kennedy and Nichols each spoke of a case in which, under suitable remedies, the worm had entirely disappeared, and no links had been seen for a number of years.

Apropos of worms, Dr. Wheeler related a case of typhoid fever, in which few symptoms were present, and the remedies given had little or no effect. The patient was sick beyond a doubt, for she had a temperature of one hundred and seven degrees for several days. One day he found her sitting up in bed, and in her delirium boring her nose until it bled. Cina was given, and the patient began to improve and finally recovered. On studying Cina it was found to cover beautifully what few symptoms there were in the case, but what pathological homœopath would have thought of Cina in typhoid?

Time being up, the meeting adjourned to meet again December 29th.

S. A. KIMBALL, *Secretary.*

## BENNINGHAUSEN'S "APHORISMS."

(TRANSLATED BY WM. P. WESSELHÆFT, M. D., FOR THE  
"ORGANON SOCIETY," BOSTON.)

The cause of all diseases lies in an internal, immaterial, purely dynamic change (*Verstimmung*) of the vital force, which may affect only single organs or extend itself to the entire organism. If heterogeneous or corrupt substances make their appearance, they should be regarded merely as products caused by the disturbance of the healthy vital force, but never looked upon as the first cause of disease. The local expulsion or dislodgment of such products can never restore the organism to its healthful action.



These natural diseases have a prototype in the action of those substances which we call medicine, in contradistinction to nutriments. These have a similar, purely dynamic power to so derange the vital forces as to produce a sick-making effect, closely resembling the natural diseases. The mysterious cause of this power to produce symptoms is and will remain as inscrutable to us as the knowledge of nature and essence of diseases.

It is an accepted truth, confirmed by repeated experiences, but not capable of proof by reasoning, that medicines possess the power to cure certain diseases. When the question is asked: Under what conditions does this occur? the two schools give opposite answers. The allopath will insist that it was by the action of contraries, the homœopath that the cure results according to the law of similars. Nevertheless, both schools are united in this: Recoveries can only occur when the medicine favorably affects the *vital force*; without this favorable effect, and subsequent *reaction*, all medicines will prove useless.

In this ever-present quality of reaction of the vital force we homœopaths recognize the foundation upon which rests the primary and secondary action of drugs. The primary action is the one which imparts its immediate sick-making qualities directly to and upon the living organism. The secondary action is that counter-action (reaction) of the living organism against the attacks of the primary action. These two actions are in direct opposition to each other, although they are the combined products of both the dynamic force of life and the dynamic force of the medicine. In this antagonism with each other they present differences which an experienced eye can readily detect.

The completed cure of a disease is the direct result of the secondary action, in which the living and constantly reacting organism is gradually and constantly attaining the upper hand in this strife with the medicine, till the natural disease has been conquered and annihilated, and thereby health restored.

From what has just been said, it becomes manifest that the homœopath should be exceedingly cautious not to disturb this strife between the primary and the reactive (secondary) action, and not to force upon the organism new and repeated doses, only to heighten and prolong the strife. According to our experience, nothing is more dangerous and harmful than *impatience*. He will never regret patient waiting so long as he knows—and which he should know by his knowledge of the characteristics of the medicine—that this strife is still in progress, unless he recognizes with certainty such a change in the indications which calls for another remedy. Should this inducement or necessity

of giving another remedy occur (which, however, should not often happen), the surest criterions and cautions are known to us, whereby we may avoid harmful haste or a neglectful loss of time.

The time of awaiting the issue of the primary action of a drug varies exceedingly according to the nature and duration of the disease. In acute diseases, like cholera, the time may be measured by minutes, while in chronic diseases many weeks may ensue before the curative secondary action will become evident. It is in the old, tedious chronic diseases in which the greatest mischief is caused by too early repetitions or too hasty an interference with another remedy; and this mischief is not easily remedied, and is invariably followed by loss of time.

This is the cliff upon which the beginning homœopath is most usually wrecked, especially if he has too long served under the flag of allopathy.

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## CLASS-ROOM TALKS. No. 2.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

Headaches are quite manageable, and students going out from *this* college ought to be quite able to manage all chronic cases in the neighborhood where they settle. The greatest trouble will be found in persuading the patients to co-operate with you. These patients will come to you for *relief*. This headache has been a long standing trouble to themselves. And many have been in this family for a generation or two. They do not expect to be cured, and have been accustomed to treating themselves with Morphine, Chloroform, Chloral, or one of the Bromides, which has palliated or suppressed the pain for the time being. And they will expect you to do the same thing for them. It will be hard to persuade them to go home, *stop all medication and let the symptoms develop*. An intelligent person will do so *if* they have the matter carefully explained to them, showing them that it is impossible to apply the *law of similars* unless you *know the symptoms* for which you are expected to prescribe. Sometimes it will be necessary to resort to a period of Sac. Lac., but it is much better to tell them plainly, where you can do so; if not, the Sac. Lac. making no impression, the patients will inevitably resort to the *old treatment* before you have a chance to see what the arising symptoms are like. If the patients will not do this, send them away; they will soon come back to you; if not, the loss of their patronage will do less harm to your

reputation as a good homœopath, than the *bad prescription* you would have been forced to make *without symptoms*.

Again, in cases of chronic constipation, you must require them to go without medication for a time, that you may find the especial symptoms to prescribe upon. You will find that they have habitually taken this, that, or the other compound, or an enema, every day, to produce action of the bowels; so they have but one symptom to tell you, and that is constipation. If you study the *Materia Medica* carefully, you will find that upon that symptom alone you could prescribe any or every drug that has been proven, as all have it in greater or less degree. The patient will insist that it will make him sick; but you may confidently assure him that it will *not*, for before he reaches that point you will have found the remedy. He won't die *until he is sick*. He won't be sick *until he has symptoms*, and when he has developed the latter you see the remedy, and before fifteen or eighteen hours are gone he will have had a natural motion of the bowels, and *without suffering*. Let him visit you every day for a week, study the case as it develops, there can hardly be a doubt that in the end you will have a perfect image of his sickness, and not only *get*, but *deserve*, the everlasting gratitude of your patient, and his whole family as your clients.

Again, a patient will come to you with prolapsus or one of the forms of version. She hears that you cure these conditions, and as her life is unhappy in the extreme, she hopes you will undertake her case. She is wearing a pessary. She will tell you she cannot walk a block without its support; that she cannot go up stairs; that she dare not take it out. Here you must be firm; you cannot prescribe for a pessary, nor can you deliberately feed her, one after another, such drugs as have especial relation to prolapsus or version. You must know how, when, and where she suffers, from the crown of her head to the sole of her foot, and you must find a drug to fit *that* condition. You do not want the language of pathology or of the doctor to tell you this. You want the simple, grand language of *nature* and of *the woman*. The men who prescribe upon any other basis don't think, don't reason, and won't wait to let symptoms so essential to a good prescription appear. You are interested in the pathological conditions, and it is quite right you should be, for Hahnemann in Section 3 of the *Organon* insists that the physician shall so acquaint himself with diseases that he may know the condition which is curable from the condition which is incurable. Again, Section 5. That he shall learn by the history



of the case the probable causes, removing such as are possible, and then be able to interpret the symptoms developed, which are the *only* indications of the present disease expression. But you must not confound your knowledge of probable lesions and of the diagnosis of disease with the prescription or diagnosis of remedy, for in Section 7, with the former admonitions well in mind, he again says: "The totality of symptoms must be the chief and only means by which the disease is to make known the remedy for its cure." Make your prescriptions first upon the totality of symptoms, *then* diagnose the disease.

You have a patient with disease of the thorax, the same rule holds good; make first the *diagnosis of the remedy*, then the physical examination and diagnosis of diseased conditions—what the patient has seen, what the patient has felt are the only guide. Should you make your physical examination before you have prescribed, you will surely be biased by the physical changes found to have taken place, and fail to hit the case. Again, the etiology and history of a case must not be confounded with the pathology or diseased conditions, which relate entirely to the varying tissue changes, extending from a slight congestion to utter destruction of tissue, as in necrosis, cancer, etc.

Pathology and pathological conditions have thus far been total *failures* upon which to base a prescription. It is the symptoms that are needed, the symptoms which tell you of the modalities of the present and predict the future pathological conditions. We have honest reports of many *bona fide* cures of cancer, but these cures have not been made upon the pathological conditions of the cancer. for when disease teaches such, a point of destruction becomes localized, the symptoms are often swallowed up in the present manifestation. Such cures as have been made have either been made through what is called the pre-historic symptoms (such as were present, but have disappeared with the localization), or through symptoms such as are yet present and have not been eradicated by the disease. So learn here and now to treat the *patient* rather than the measles, and *not* the measles because it has got the patient.

These finer details and individualities, these shades of variation and modalities are the only bases upon which to obtain the requisite knowledge of drugs or of good prescribing. We must know the remedies as the woodsman knows his game. He knows by the simplest of signs that game is present, has been present within a short time; what kind, what habit; even the reason of its presence or its motions; he knows its haunts, its

foot-prints, its character, whether bold or shy, clever, insidious, or stupid; and from that knowledge of looks and habits can pretty accurately prognosticate its future movements. What to your untrained eye is but the flutter of dried leaves or dust from the breeze, to his accustomed eye is the flutter of partridge-wing or the alluring rustle of some mother-bird, whose nest you have approached too nearly. So in disease, we must know its objective and subjective symptoms, its method and manner of progression; then we must know the drugs that will produce such symptoms, conditions, and modalities. Symptoms that to the unaccustomed eye seem but shadows, as whether the patient is warm or cold; is better by application of cold or heat; what *agg.* the pains of this drug, what *amel.* them in another. You would hardly give a patient who was cold and anemic such remedies as belong to a class that are always too warm, want doors and windows open, and have high degree of arterial excitation, if every symptom that had been developed was covered by the remedy. We can hardly *know* and become familiar with remedies in both their noxious and their curative power without a strong *personal* interest. My advice is, cultivate that interest.

S. L. G. L.

## THE HOSPITALS OF THE WOMEN'S HOMŒOPATHIC ASSOCIATION OF PENNSYLVANIA.

EDITORS HOMŒOPATHIC PHYSICIAN:—While I was in Philadelphia for a couple of days during the Constitutional Centennial Celebration, I saw for the first time an article in the June or July number (I forget which), of your journal, intended to reflect discredit upon the homœopathy and general good faith of the women physicians who resigned from the staff of the Women's Homœopathic Hospital in the spring. It was stated in that article that Cod-liver Oil, pills of Ergotin, Morphia, Belladonna, Strychnine, Aloes, etc., had been found in the hospital, and the impression was conveyed that they had been in use there, and that the women physicians were in some way responsible for it.

As I had resigned the position of resident physician in the hospital above mentioned, only a short time before the article appeared, I probably know as much about the matter as anybody. All of the articles mentioned above, together with Pepsine, Bovinine, vin Mariani, etc., were samples left by agents. They were deposited in a corner cupboard in the dispensary, where coal-oil, empty bottles, waste paper, and various kinds of

rubbish had accumulated, and where no medicines intended for use in the hospital or dispensary were ever kept. They were there when I took charge of the hospital in the fall, and they were there when I left it in the spring. They were never used while I was in charge of the hospital, and I have no reason to suppose that they were during my predecessor's administration. I cannot understand how any one finding them could fail to perceive that they were sample bottles, or could honestly suppose for a moment that they had been in use in the hospital.

I trust that your sense of justice will move you to publish this statement, thus correcting the very incorrect impression given by the article to which I have reference.

A. J. FRISBY.

MILWAUKEE, WIS., Oct. 24th, 1887.

[We publish the above letter at the request of Dr. Frisby. When we made the statement, to which exception is taken, we were well assured of the truth of our charges. Since the reception of this letter, we have again examined the evidence, and find no reason to change our original opinion, or to recede from the position we have taken.—W. M. J.]

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### LIGHT WANTED.

A. J., æt. forty-four, painter by trade, nervous and bilious temperament; black hair and eyes; five feet, eleven; weight one hundred and fifty-eight. On first going to sleep has a sensation: "something strikes the chest, arresting the breath, goes to the throat, and there is a choking and severe struggle to get his breath, which arouses him." This is repeated from two to ten times before he gets his sleep, which is natural enough the rest of the night. If aroused during his sleep for any cause has no trouble on again going to sleep. In lieu of this choking has several times had a sensation as of a "hot flash," a streak of lightning going from chest to the great toe of one limb. Has the above symptoms during months not engaged in painting. Has been afflicted for past two years. A short time before he had his trouble, while engaged in painting a mast, the rope fastenings gave way and let him down (in his chair) rapidly; was not hurt, but frightened when he looked up and realized what had happened. He does not know that this had anything to do with his affliction. Is nervous; easily excited, of a quiet, retiring disposition, and complains of nothing else; antecedents good. Lach. relieved a little for over three nights. Ignat. re-



lieved somewhat his nervousness. A medical friend suggested Agancus, which did no good. Now, if some of the readers of your most excellent journal will help me to cure this case, shall be grateful.

ENQUIRER.

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### THEISM, A NEW DISEASE.

Attention has recently been drawn to a new nervous disorder said to be especially prevalent in England and America; it is called "Theism," or tea-drinkers' disease. It is said to exist in three stages—the acute, subacute, and chronic. At first the symptoms are congestion of the cephalic vessels, cerebral excitement, and animation of the face. These physiological effects, being constantly provoked, give rise, after awhile, to reaction marked by mental and bodily depression. The tea-drinker becomes impressionable and nervous, pale, subject to cardiac troubles, and seeks relief from these symptoms in a further indulgence in the favorite beverage, which for a time restores to a sense of well-being. These symptoms characterize the first two stages. In chronic cases theism is characterized by a grave alteration of the functions of the heart, and of the vaso-motors, and by a disturbance of nutrition. The patient becomes subject to hallucinations, "nightmares," and nervous trembling. With those who take plenty of exercise, an habitual consumption often may be indulged in with impunity, but with women and young people who follow sedentary occupations this is not the case. The best treatment for theism is said to be indulgence in free exercise, such as walking and open-air life.—*Journal of Am. Med. Association.*

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### CLINICAL NOTES ON CHARACTERISTICS.

Our readers will miss this month's installment of these notes. The reason is that our space is so crowded that we were obliged to defer them until the February number.

Several other articles similarly have been laid aside for want of room.

We invite the freest criticism of these notes. Any corrections or additions will be gladly accepted and incorporated, our intention being to republish them in book form when finished.

It is desired that all communications on the subject shall be in form suitable for publication in our pages.

## CLINICAL CONFIRMATION OF HIGH POTENCIES.

B. L. B. BAYLIES, M. D., BROOKLYN, N. Y.

The following represents the clinical confirmation of some of the characteristics of remedies applied in the treatment during more than four years of a patient who had for a long period suffered with uterine disorders. The lady, about forty years of age, fat and lymphatic, but at the same time highly nervous, had complete antero-version of the uterus, with chronic metritis, and had, previously to my attendance, been treated allopathically, especially for inflammation of the ovaries and for abscess of the left ovary, which discharged through the vagina. She was, when I first saw her, almost wholly unable to walk, in consequence of the malposition of the uterus, the fundus of which was firmly impacted behind the pubis, the cervix in the hollow of the sacrum. I do not attempt to demonstrate the benefit of any particular course of treatment of uterine displacements illustrated in the management of this case, but merely to state the several groups of symptoms, whether casual or necessarily connected with the condition, which were always relieved by the remedies specified. I will premise that some mechanical expedients for relief were employed. Among pessaries the watch spring pessary, affording considerable ease for weeks at a time, and Fraser's cup-shaped pessary, applied twice, and worn several weeks at each time, its removal being necessitated by abrasion of the cervix and post-pubic mucous membrane. But this did not happen till the instrument had been worn several weeks, during which the patient enjoyed great comfort and cheerfulness, and was entirely relieved of uterine tenesmus, sighing respiration, and all the symptoms of impaired function of the bladder and rectum, caused by the pressure of the uterus; but after its removal, not the least improvement was evident; the displacement continued as before, the treatment only temporarily beneficial and not thoroughly cleanly. Thereafter, except the elastic abdominal belt, all mechanical treatment was abandoned, and medicine, with occasionally the knee-elbow position, alone employed.

Burning sensation in the epigastrium, with burning and drawing in the left ovary, was removed by Ammonium carbon.<sup>200</sup>

2. Feeling as if the left arm and hand were wooden. Nitrum<sup>20m</sup>, Fincke.

3. Giddiness, numbness in the hands, pricking pains of the arms and shoulders; inward fluttering; dry cough, with sharp

pains in the stomach, rising of frothy mucus with sense of constriction of the throat. *Cocculus indicus*<sup>26m</sup>, Fincke.

4. Swelling and sore pain in the left ovary, burning and stiff and benumbed feeling about the left hip. *Lachesis*<sup>49m</sup>, Fincke.

5. Sharp pricking feeling in the right ovary, with empty sinking sensation at the epigastrium and disposition to weep. *Ignatia*<sup>40m</sup>, Fincke.

6. Bearing down, cutting or clutching pain in the uterus. *Belladonna*<sup>6th, 200th, and 97m</sup>, Fincke.

7. Fluttering, bounding, quivering, internal and external, muscular, with nervous and lachrymose mood, and sensation of heat and weakness of the right eye, and as of a scum upon the ball, which might be rubbed off; feeling as of something alive in the abdomen; with hemorrhage, even when moderate, tending to syncope; with discharge of black stringy clots. *Crocus sativus*<sup>2m and 4m</sup>, Fincke.

8. Hysteric nervousness, sleeplessness, trembling, disposition to start or get out of bed with wild alarm, retention of urine. *Hyoeciamus*<sup>200th and 3m</sup>, Fincke.

9. Viscid leucorrhœa, with soreness and smarting of the vagina and vulva. *Hydrastis*<sup>200</sup>, and locally.

10. Pressing pain in the forehead from without inward, gradually increasing and decreasing; flushes of heat with burning in the face, interrupted by chilliness; ill-humor, aversion to food on account of feeling low-spirited, pressing downward during the menses, and discharge of dark clotted blood. Patient says the uterus "feels hard," i. e., subjectively; cramp pain in the legs, ameliorated by heat. She sleeps with the arms over the head, knees drawn up; shortness of breath as if the chest were constricted, and palpitation. *Platina*<sup>200</sup>, Lehrmann.

11. Urine thick, cloudy, containing white mucus; stains the linen yellow; pain extending from the region of the right kidney along the ureter; burning pain under the skin in the left side of the abdomen; sticking and dragging pain at times; burning and drawing sensation in the right inguinal region, compared by the patient to the crisping of burnt leather. These symptoms were removed soon after giving *Berberis v.*<sup>8m</sup>, F.

12. Feeling as of a lump of mucus in the throat, and cough worse about 3 A. M.; hollow weak feeling at the stomach, with easy eructations of gas; rolling flatulence, and sensation as if in the revolutions of the bowels something touched the uterus and caused sore pain; pricking and shooting downward and inward, from near the anterior superior spines of the ilia toward the ovaries; retarded menses. *Kali carb.*<sup>3m</sup>, F.



13. Painful and distressing sensation as of something pressing in the hollow of the sacrum, and behind the pubis; urging to stool as if diarrhœa would come on, or she must pass water; with great difficulty in emptying the bladder; dragging from the waist downward; drawing cramp pain in the calves of the legs; when mounting a step, drawing in the loins and back; sinking feeling at the navel; sighing; pressing down as if the contents of the pelvis would come into the world. *Lilium tigrin.*<sup>30th</sup>. A single dose was given dry, and allowed to act without repetition for several days; for if the dose was repeated on two or three successive days the symptoms were aggravated. More enduring relief was afforded when the uterus was first replaced and a dose of *Lilium* given than when replaced without the use of *Lilium*. The 30th was borne well, while the 200th or higher was followed by aggravation.

14. Catching pain in the back and diaphragm, with gasping; cannot breathe without pain; after exposure to a draught, or too much exertion in walking, portions of the rectus abdominis of the external oblique or lumbar muscles affected with tonic contractions, hard to the touch. *Petroleum*<sup>20</sup>, *Lehr*.

15. Constipation; dark feces, coated with and connected by strings of mucus; pain extending from the anus to the back, continuing long after the passage; smarting at the anus, which feels cut or lacerated by the passage; languor and weakness in sacro-iliac region. *Graph.*<sup>20</sup>.

16. Diarrhœa with hemorrhoids; bloated abdomen; constant threatening of the bowels to move, and sensation of heat in the rectum. *Aloes*<sup>40m</sup>, *L*.

17. Colic, with distention, and cardialgia; sour eructations; dry cough, with burning in the throat, very troublesome at about eleven P. M. *Magnesia carb.*<sup>2m</sup>, *F.*, or <sup>20</sup>.

18. Rawness (sensation) in the throat, extending to mid-sternum; irritation, extending from upper sternum toward upper left side of chest, with burning in the epigastrium and præcordium, and dry, barking cough; disposition to cover the mouth and warm the inhaled air. *Rumex crispus*<sup>200</sup> and higher.

19. Pain in the right knee when sitting for some time; after rising, a full feeling in the head and sensation as of a string drawn tightly around the head below the ears, stopping them up. *Gelsemium nitridum*<sup>3m</sup>, *F*.

(The *Materia Medica* gives "sensation as of a tape around the head; sudden and temporary loss of hearing" under *Gelsemium*.)

The high potencies of *Fincke* were chiefly used, and, as a

rule, produced their effects more promptly and rapidly than lower potencies, the patient often expressing herself conscious of the commencing operation of the medicine within five minutes after taking the dose, and was frequently relieved of great distress in fifteen minutes or half an hour. The displacement was not cured by the treatment, but her condition much ameliorated, so that she was enabled to walk more and better than for many years previously.

I do not mention the high potencies as a subject for controversy, believing that a practical conviction of the truth of the two primary and essential principles of Homœopathy, viz.: similarity and simplicity, *i. e.*, the single remedy, exacts the use of the least requisite dose. Individual judgment will determine for each physician that dose, but experiment will approve that the higher will often *complete* what the lower potencies have only partially effected, and demonstrate that the limitation of the molecule is not the limitation of force.

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## PROLONGED CONSTIPATION.

DR. W. S. GEE, HYDE PARK, ILL.

The case reported by Dr. Elliott in November issue is remarkable in many particulars. One of the most remarkable features was the persistence of the Doctor in letting good enough alone. He evidently "knows a thing or two" of the human system and of Homœopathy. I wish to record a case now under treatment. Mrs. B., æt. fifty, apparently well for her, of nervous temperament, has had a lifetime of constipation. Her brother-in-law is a prominent allopathic surgeon in Chicago, and has racked his brain and bothered his colleagues not a little to relieve this lady.

The whole list of purgatives have passed through, some singly, with a slow plod, and others in combinations innumerable, have gone with a "hop-step-and-jump," sweeping everything before them, and not stopping for two or three days afterward, but the old trouble returned; so, for years she did nothing.

The "enemas" or "clysters," in reality *rectal injections*, were used on special occasions. It was her habit to go two or three weeks without movement, and of late years she very frequently goes *six weeks* with no inclination to movement. This interval has been common for several years. Then she empties

out in two or three days and dispenses with that function for another such interval.

I have given her an occasional prescription for some new trouble, and perhaps one call would suffice for the time. She has been abroad for months at a time. At my request she called on Dr. Skinner, but twice found him out. She called on a physician in Germany who gave her one powder, with a request to call again "in four weeks," but she received no effect and did not see him again.

On inquiry she stated that during the interval of bowel suspense the urine was much increased. The stools are not peculiar. About two weeks since I gave her a dose of *Alumen*<sup>1m</sup> (Skinner), but have had no report since.

In Vol. IV, p. 238, of *The Clinique*, Dr. Bailey has detailed a remarkable case in which *Morphia* hypodermically seemed to be the only agent used which produced a movement of the bowels. The intervals were: "February 13th to April 28th, unchanged, no movement of the bowels whatever; May 1st to 28th; May 30th to June 17th; June 30th to July 13th."

He there states that the constipation appeared soon after the disappearance of an abscess in the lower portion of left lung, (probably.)

Phthisis was hereditary.

In Vol. V, p. 449, of same journal, he gave a subsequent report of the case with *post-mortem* record.

"After an illness of more than five years my patient died, October 31st, 1884, of phthisis pulmonalis. \* \* \* The bowels were inactive, the intervals varying from one to nine weeks."

Atrophic changes were marked in various organs, "the peritoneum was as thin as tissue paper and glued by adhesions to the intestines. \* \* \* The stomach was divided by constricting peritoneal bands, so as to separate it into two quite distinct compartments of nearly equal size, and as an organ was enlarged and distended. \* \* \* The omentum was firmly adherent, producing a serious knotting together of the entire small intestines. The transverse colon was greatly distended and enlarged, and pouched by constrictions the same as already noted. At the splenic flexure there was a great band, which by encircling the colon had caused an abrupt narrowing of its calibre, as great as the change in diameter of a wrist to that of an index finger, which was literally true in this case. This narrowing of the descending colon was continued until it had reached the sigmoid flexure; here a congenital malformation was noted, the colon traversing across the lower abdomen, a curve being found at a



point just over the ilio-cæcal valve, from thence passing downward and backward terminated in an enormous pouch which completely filled the inferior outlet of the pelvis. All shape of the rectum had been lost. \* \* \* The bladder was shrunk to the size of a walnut. \* \* \* The constipation was a result of pathological changes, and in part congenital. The disease was tubercular."

My patient does not show a tubercular tendency, but may later. I think the above will give us hints in the study of such cases.

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### HOMŒOPATHY vs. INTERMITTENT FEVER.

(Read before the Homœopathic Medical Society of New Jersey, Oct., 1887.)

In selecting Homœopathy as opposed to intermittent fever for my subject, I will not say anything new or original, but do what I can to further the cause which I have espoused; and in selecting intermittent fever I have chosen a form of malaria which has caused many of our school to waver and stumble into eclecticism and mongrelism.

Homœopathy is a system of scientific medicine founded and practiced by Samuel Hahnemann, who graduated as an allopathic physician at Erlangen, Germany, in the year 1779. He practiced as an allopath, or "regular," for a dozen years, and at the ripe age of thirty-five became disgusted with physic, and "considered all ordinary medication worse than nothing, not only no good, but a positively hurtful art."

He abandoned the practice for a few years, during which time he devoted himself to literary work and medical investigations, the practical outcome of which was the discovery of the only true and universal law of cure, "*similia similibus curantur*." Had he left merely this law as a legacy for suffering humanity, he would be immortal; he not only did this, but added his book, the *Organon*, which is an exhaustless mine of knowledge of the law, together with the rules and principles regulating it.

By his efforts medicine became a science, and like all sciences, has developed and enlarged without changing its original principles; and no advance in practical medicine has been made without using his inductive method. Since Hahnemann's time, we to-day have the lives and works of many of his illustrious followers, who developed these rules and principles and gave us their testimony of their worth.

Now, this same Homœopathy had its beginning and rise with

intermittent fever; I refer to the time when Hahnemann in translating Cullen's *Materia Medica*, added the foot-note concerning Cinchona. He afterward showed that "Peruvian bark" would not cure all cases of "chills and fever," but only those to which it was homœopathic, and when we read of the country and districts, in which he practiced, infected with pernicious intermittents, and know that he was successful, is it not a strange and sad fact that those who assume to be his followers in treating this same disease ignore his teachings and forsake him? For I believe that this same fever is the subtle temptation that tries the character of every one of our school, and causes many to take the first step toward eclecticism! When I read of and consider intermittent fever, I am often impressed with this coincidence (if you choose to call it such), that the very disease which called this mode of practice into the world, is now causing physicians to be untrue to their profession and their patients to live a miserable existence.

Perhaps the assertion "that intermittent fever patients lead a miserable existence" may be questioned, but if the history be traced of all chronic cases that appeal for the cure of neuralgias, enlarged liver and spleen, dyspepsia and consumption, laryngitis, bronchitis, and even phthisis, deafness and buzzing in ears, it will frequently be found that they have their origin in the suppression of this fever.

It is unnecessary at this time to give its history and symptoms, suffice it to say that all authors are agreed as to its being universal in its manifestations—we find it in the mountain range as well as in the valley; along the seacoast as well as inland; and that every individual, young or old, may be liable to its attack. We believe the law of Homœopathy equally universal and applicable to every case.

Having in this very brief way called your attention to this subject, let us next inquire what should be our attitude when called upon to treat this disease.

Every one is, to a great degree, just what his beginnings and environments have made him, and every physician is largely what his preceptor\* and college have made *him*; fortunate is he who has had a right beginning, and is controlled by truth and principle! As a student of homœopathic medicine I entered the office of, and carefully followed for over two years the prac-

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\* The influence of a preceptor on the mind of a student, for good or for evil, is very great. Lucky are those who fall into such good hands as did Dr. Long; the preceptor he refers to has turned out some of the very best physicians our school can now boast of; all honor to him.—Eds.

tice of, a firm and true disciple of Hahnemann ; I became intimately acquainted with his patients, witnessed the results of his prescriptions, and, on every hand, heard him referred to with honor and respect.

A few months after my graduation from Hahnemann Medical College, of Philadelphia, March, 1873, I selected New Brunswick, New Jersey, a city of twenty thousand inhabitants, on the west bank of Raritan River, given over entirely, as to medical matters, to allopathy and eclecticism.

"I was a perfect stranger in a strange land," and, as I afterward learned, in the most conservative place in all Jersey ! Very few know the trials and difficulties of the first ten years of my practice ; but you can picture them when I say that Hahnemann, and the *Organon* were the controlling motives of my practice, and that I have conscientiously followed them to this day. I claim that any one who employs me wants Homœopathy, and that its demands must be recognized first ; I am only a trustee, so to speak, and he who is unwilling to abide by the application of these principles must go elsewhere ; my first duty is to Homœopathy, my own welfare and interests come second—and thus have I ever endeavored to create a sentiment for this particular mode of practice in this community.

I know that this is unpopular for a season, and difficult to follow ; but it has this happy effect, your patients know what to expect, you have control of the case, and no interference with busy nurses, local treatment, and tonics.

And thus I have learned to accept our materia medica as alone sufficient for the cure of this and all other diseases, and concerning which Dr. P. P. Wells in No. 9, Vol. IV, HOMŒOPATHIC PHYSICIAN, says : "What is it in the drug agent that makes men sick ? This power which cures—what is it ? A right answer to this and a right understanding of its nature may be set down as indispensable to test practical results from its clinical use. We have said, Homœopathy 'deals not with the material mass of the drug, but with its developed and liberated spirit.' By this we mean it deals with that something in the drug which has power to make human organs and functions sick. If there be an objection to the use of the word *spirit*, we will not make a quarrel with any man for the word who will bring us one which better expresses the nature of that power which has been planted in and associated with the drug, and which we have so abundant evidence is something distinct from the material substance of the drug."

And thus it is my conviction, after making use of nothing but



potentized remedies for the cure of all diseases during all these years, that the rules and principles regulating and controlling body and soul are "similar," as illustrated in that excellent work recently published by Professor Drummond: *The Natural Law in the Spiritual World*.

SAMUEL LONG, M. D.

NEW BRUNSWICK, N. J., October, 1887.

### BOOK NOTICES.

A COMPLETE HAND-BOOK OF TREATMENT, arranged as an Alphabetical Index of Diseases, by William Aitken, M. D., edited, with notes, etc., by A. D. Rothwell, M. D., of New York. Pp. 444; price, \$2.75. New York: E. B. Treat & Co., 1887.

This hand book is eminently a book of reference, not a treatise upon diseases. The utility and the value of these books have been amply tested, and their popularity is great. The name of Dr. Aitken is a sufficient guarantee for accuracy and reliability. It is of course allopathic in theory and practice, and hence only useful for ready reference in cases where help is quickly needed in diagnosis, etc.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, in its Fortieth Session. Edited by Dr. J. C. Burgher, General Secretary, 1887.

To publish this portly volume of eight hundred and eighty-six pages so promptly is indeed a credit to the Secretary. As to the matter contained in this volume, it is as usual a sad mixture, with little in it that would please the eye of a Hahnemann or a Hering! Still there are some good things; the discussions and papers upon defective sleep and infantile eczema are interesting, although the treatment which seemed most popular with the members would hardly commend itself to more earnest homœopaths.

THE HOMŒOPATHIC LAW OF SIMILARITY. By Dr. von Grauvogl. Translated by Dr. Geo. E. Shipman. Chicago, 1879.

If there be any one of our readers who has not read this "open letter of Dr. von Grauvogl to Baron von Liebig" then we advise him to do so at his earliest opportunity. Although Grauvogl did not accept Hahnemann's teachings as we do, nevertheless one cannot fail to gain many ideas from his forceful writing. This essay can be probably procured of any pharmacy.

### NOTES AND NOTICES.

REMOVED.—D. C. McLaren, M. D., has removed from Brantford, Canada, to Nashville, Michigan. Dr. McLaren is one of our most energetic and earnest homœopaths, and hence we give him a hearty welcome to the United States.

THE CALIFORNIA HOMŒOPATH, with its January issue begins its sixth volume, and appears henceforth as a monthly. Professor W. A. Dewey will assist in conducting the journal. Success to it.

## In Memoriam.

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ADOLPH LIPPE, M. D.

In announcing to the homœopathic profession the sad news of the death of Dr. Adolph Lippe, we feel sure our readers will mourn the loss of a friend, a leader, and a teacher. For it is scarcely overstating the truth to say that in Dr. Lippe's death, Homœopathy loses its foremost therapist and its most successful prescriber. A most worthy successor of the great Hahnemann, whose teachings he so successfully followed, Dr. Adolph Lippe was the compeer of any of the great men who have made the name of the "old guard" so illustrious.

Dr. Lippe had not been in good health for some weeks; he had been suffering from rheumatic troubles and had been more or less confined to the house by these ailments during the past month or six weeks. But until Friday night no alarming symptoms had been noticed. Having exposed himself during the past few days of raw, inclement weather, a bad cold was contracted which speedily developed into a severe case of typhoid pneumonia, which medicines were powerless to check. From the first initial chill to within a few moments of death, Dr. Lippe retained consciousness and never seemed to have any hope of recovery. He said just a few hours before he died: "The medicines do no good, they only palliate." And so it seemed. During the last two days, Dr. Lippe, though so ill, was all the time throwing out hints for the treatment of his case. For instance, he would say this symptom indicates *Nux mos.*, or this one, *Natr. mur.*; and so he would go through a list of remedies, pointing out with such rare skill their characteristics. But all without avail! Taken sick at 3 A. M. Saturday morning he died Monday, January 23d, at 9.45 A. M.

The funeral took place Thursday, January 26th, from his late residence, 1204 Walnut Street. The body was incased in a neat cloth-covered casket, and upon the plate was the simple inscription: "Adolph, Graf zur Lippe-Weissenfeld. Born, May 11th, 1812; died, January 23d, 1888."

The funeral ceremonies were celebrated at St. John's Church, Thirteenth Street, above Chestnut. There was a large congregation present at the solemn services, many of whom were friends and former patients of the late distinguished homœopathic physician. The main altar and candlesticks were shrouded with the emblems of mourning, while the celebrant, Father Matthew F. Hand, was clad in black vestments. There were present in the chancel with the celebrant of the Solemn High Requiem Mass, Father P. R. O'Reilly, the pastor of the church, and Father E. V. Le Breton. As the cortege entered the church, Carl Wittig's Funeral March was rendered by the organist. The casket containing the remains was carried to the head of the centre aisle and placed upon a bier directly in front of the main altar, burning tapers surrounding the casket. The music was Ohnewald's Requiem Mass to the Sanctus. "Rest in the Lord," from *Elijah*, was sung as an offertory by Madame Osborne. The *Agnus Dei* was also sung by the same lady. After the Absolution of the Body the choir sang "Jerusalem, my happy home," and as the cortege passed out of the church Carl Wittig's Funeral March was again given.

The pall-bearers were J. G. Watmough, George Blight, Coleman Hall, H. W. Catherwood, Dr. E. J. Lee, Dr. Walter M. James, and Dr. P. P. Wells. Among those present in the congregation were Rev. Drs. Phillips Brooks, of Boston, and Charles D. Cooper, of the P. E. Church of the Holy Apostles of this city. The interment was at the Old Cathedral Cemetery.

Dr. Adolph Lippe came of an illustrious family, being a member of the old and noble German family of Lippe. He was born on the family estate of "Sée," near Gœrlitz, in Prussia. His parents were Count Ludwig and Countess Augusta zur Lippe. He was born on the 11th of May, 1812, and was therefore in his seventy-sixth year. He leaves a widow and one son to mourn his death; in Germany there survive him several brothers and sisters. On January 1st, 1885, Dr. Lippe lost his oldest son, Dr. Constantine Lippe; having two weeks previously (December, 1884) lost his only daughter. He never recovered from the severe shock of this double bereavement.

Dr. Lippe was educated at Berlin, and it was intended he should follow the legal profession, but his natural taste and talents inclining him to medicine, he came to America in 1837. He studied at the Homœopathic College at Allentown, then the only one in this country, and on the 27th of July, 1841, received his diploma at the hands of the late Dr. Constantine Hering. The Doctor first settled at Pottsville, and practiced for a time there, but subsequently established himself at Carlisle, where he remained for six years. Having distinguished himself through his treatment of the epidemics prevalent in the Cumberland Valley, he came



to Philadelphia, beginning then his brilliant career in this city as a homœopathic practitioner and teacher. Dr. Lippe was remarkably successful in the practice of the healing art, seeming to be peculiarly fitted by nature for his profession. Indeed, it has fallen to the lot of few physicians to practice medicine so successfully as did Dr. Lippe. His many wonderful cures during a practice of over forty-six years have won for him a grand reputation, besides giving relief and comfort to hundreds whom less skilled physicians had abandoned in despair. Dr. Lippe was indeed a born physician; he possessed to a remarkable degree the instinct of the true physician, sometimes discerning almost at a glance points which others observed not at all.

From 1863 to 1868 Dr. Lippe filled the chair of *Materia Medica* in the old Homœopathic Medical College of Pennsylvania, which his rare knowledge of the *materia medica* enabled him to do with peculiar success. Although always engaged in the busy work of a successful physician, even to within three days of his death, Dr. Lippe managed to contribute most copiously to the current literature of our school. He was the prime mover in establishing several homœopathic journals. Among them may be mentioned the late *Organon*, the *Hahnemannian Monthly*, and this journal. Even to mention by title his numerous papers would require almost a volume, so unceasing were his labors. In style he was positive, even to being dogmatic; the reason for this is readily found, it being due to the wonderful success he had had for a lifetime, in curing, or at least in relieving, all manner of sickness by a strict adherence to the Law of the Similars. Therefore, to doubt its efficiency in any case of disease was, in his eyes, almost a crime. And few would be more tolerant who had had his unique experience. He was an active or honorary member of numerous foreign and domestic societies. By the death of Dr. Lippe Homœopathy loses its most successful and its most celebrated physician, whose place will long remain vacant.

Numerous letters and telegrams have been received from Dr. Lippe's many friends, all expressive of grief and sympathy for the bereaved and of admiration for the deceased.

#### RESOLUTIONS ADOPTED BY THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

The following preamble and resolutions were adopted by the Hahnemannian Association of Pennsylvania, at a special meeting called January 24th, to take appropriate action on the death of their deceased colleague, Dr. Adolph Lippe.

WHEREAS, This Association has heard with the deepest sorrow of the death of our venerable colleague and friend, Dr. Adolph Lippe; therefore be it

*Resolved*, That in the death of this veteran physician (one of the pioneers of Homœopathy in America) this Association has sustained an irreparable loss, the homœopathic school loses its ablest physician and greatest therapist; the public at large, its most successful practioner and wisest counselor.

*Resolved*, That by his untiring labors in the field of homœopathic materia medica, by his teaching, when a professor in the old Homœopathic College of Pennsylvania, by his unceasing contributions to the medical journals of his school, and by his example as a practitioner, Dr. Lippe did more for the development of Homœopathy in this country than any other physician, with the single exception of the late Constantine Hering.

*Resolved*, That his great industry, his sound and logical reasoning, his seeming intuitive perception of the trend of diseases, and his unexcelled ability for the analysis of drugs, were the causes of his success and placed Adolph Lippe, for many years, at the head of his profession as a physician and teacher.

*Resolved*, That his ever courteous manner and constant readiness to assist his professional brethren by his wise counsels have endeared him to his colleagues and will cause the name of Adolph Lippe to be long held in affectionate remembrance.

*Resolved*, That the members of this Association attend the funeral in a body.

*Resolved*, That a copy of these resolutions be transmitted to the family of our deceased friend and colleague; that they be also published in the *Public Ledger*, of this city, and in the medical journals.

ADOLPH FELLGER,	} Committee.
MAHLON PRESTON,	
C. CARLETON SMITH,	
WM. JEFFERSON GUERNSEY,	
JOHN V. ALLEN,	
WALTER M. JAMES,	
EDMUND J. LEE,	

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## CONTAGIOUS DISEASES, CAUSED BY ACUTE MIASMATA.

(Read before the Central New York Homœopathic Medical Society, held in Rochester, New York, December 15th, 1887.)

Webster defines contagion as : "The act or process of transmitting a disease from one person to another, by direct or indirect contract."

Dunglison. 2d. "That which serves as a medium or agency to transmit disease ; pestilential influence."

3d. "The act or means of propagating influence or effects."

Dunglison, in his dictionary of medical lore, besides the definition given by Noah Webster, says : "Contagious diseases are produced either by a virus capable of causing them by inoculation, as in small-pox, cow-pox, hydrophobia, syphilis, etc. ; or by miasmata, proceeding from a sick individual, as in plague, typhus gravior, and in measles, scarlatina, etc. Physicians are, indeed, by no means unanimous in deciding what diseases are contagious and what not."

Quain says : "The word 'contagion' is applied in pathology to the property and process by which in certain sorts of disease, the affected body or part causes a disease like its own to arise in other bodies or other parts. The Latin word *contagium* is conveniently used to denote in each such case the specific material, shown or presumed, in which the infective power ultimately resides."



ANALYSIS OF § 73, HAHNEMANN'S "ORGANON OF MEDICINE," PAGE 137, HERING'S TRANSLATION, 1848.

This should be considered in connection with the preceding § 72, which may be regarded as a sort of preamble, and the points I wish to make for the benefit of the profession, are as follows :

1st. Hahnemann recognized two classes of diseases he called acute and chronic.

2d. He divided acute diseases into two distinct classes.

"The first class are sporadic, isolated, and attack single individuals, and *arise* from some pernicious cause to which they have been exposed, *e. g.*, excess of eating and drinking ; want of necessary aliment ; violent impressions of physical agents ; cold, heat, fatigue, etc., or mental excitement are the most frequent causes. But for the most part they depend upon the occasional aggravation of a *latent psoric affection* which returns to its former sleep and insensibility, when the acute affection is not too violent, or when it has been cured in a prompt manner. The others attack a plurality of individuals at once and develop themselves here and there (sporadically), beneath the sway of meteoric and telluric influence, of whose action but few persons are at the moment susceptible.

"Nearly approaching to these are those which attack many individuals at the same same, arising from similar causes and exhibiting symptoms that are analogous (epidemics), and usually (sometimes?) *become contagious when they act upon close and compact masses of human beings*. These maladies or fevers are each of a *distinct nature*, and the individual cases which manifest themselves, *being all of the same origin*, they invariably place the patients everywhere, in one identical morbid state ; but which, if abandoned to themselves, terminate in a very short space of time, either by a cure or death. War, inundations, and famine frequently give rise to these diseases, but they may likewise result from *acute miasms*, which always reappear beneath the same form, for which reason they are designated by particular names, some of which attack man but once during life, such as the small-pox, measles, hooping-cough, the scarlet fever of Sydenham, mumps, etc., and others which may seize him repeatedly, such as the plague, yellow fever, Asiatic cholera, etc."

Hahnemann recognized in a foot-note to the above section, that true homœopathists do not depend upon the *names* of diseases as guides to the selection of remedies. Also, that in his

day there was a combination of purple miliary fever and scarlatina that generally called for other homœopathic remedies than Aconite, for the miliary fever, or Belladonna for scarlatina. Also, I may add in passing, the variolous, erysipelatous, scarlatinous, and other so-called contagious diseases, appear more than once, *sometimes* twice or thrice in the same subject. Of this I have personal knowledge.

Now, let us examine the section referred to, and see if Hahnemann recognized any phenomena that support the theory I am about to advance relative to contagious diseases caused by acute miasmata. The subject selected for discussion to-day, December 15th, 1887, in the light of section 73 of *The Organon*.

This is my position: The words "contagion," or "contagious diseases" are unreliable, do not satisfactorily express the cause or character of a specific morbid condition, and on this account are misleading, hazardous, and dangerous, giving rise to bad legislation and its unwarranted and tyrannical application. That, on this account, we have a duty to perform as conservators of health, life, and that security allied to public health—proper sanitation.

Referring to the first paragraph of section 73, that relates to sporadic or isolated cases, we find no language that authorizes us to believe that Hahnemann considered sporadic cases the product of contagion or in any degree contagious. Nor does our own experience with sporadic diseases guide us to such conclusion. But Hahnemann does say, in enumerating the causes of sporadic diseases, "*that for the most part they depend upon the occasional aggravation of a latent psoric affection,*" etc. \* \* \* Further on, in discussing epidemic manifestations, he says: "They attack many individuals at once, arising from similar causes, and exhibiting symptoms that are analogous, and usually become contagious when they act upon close and compact masses of human beings."

In using the word "contagious," Hahnemann evidently expressed the popular notion; yet strict construction of the whole section leads us to infer that his idea of all acute diseases was that an *internal latent psora*, call it dyscrasia or constitutional taint, as Herbert Spencer calls it, as you choose, is simply aroused to action by the debilitating or alterative action of bad surroundings—in a word, by *unsanitary* conditions.

Now, my experience and observation lead me to take a departure from the common notion of contagion, viz.: That neither the atmosphere, nor the unsanitary surroundings of sporadic cases or of endemics are strictly contagious, nor are the

zymotic diseases, variola, rubeola, scarlatina, diphtheria, etc., contagious. They may *seem* to be. It seems to me *far more likely* that the filth, bad ventilation, poor food, the close and crowded quarters of human beings, in whose midst small-pox, diphtheria, cholera, and sometimes scarlet-fever, typhoid fever, the plague, etc., find a ready and deadly grip, by steadily changing the organic functions (chemical or otherwise), *give rise to the disease now recognized*, be it small-pox, cholera, diphtheria, or whatever it may.

Second. It is not a *contagium* that is to be feared and met by vaccination, isolation, high fences, or cordons of police, nor by prayer or fasting, *but an unsanitary condition*, requiring pure air, wholesome food and drink, rest, etc., with, perhaps, proper medication. In this connection it will be pertinent to state: *That an entire and radical change of our unchristian, hateful politico-social economy*, having for its end the *prevention of poverty*, hence the introduction of sweeping sanitary measures, as the most sane and sure preventive of zymotic diseases, sporadic, endemic, or epidemic, ought to be first considered and brought about.

Third. Again, when a large number of persons, having the same or similar constitutional taints or idiosyncrasies, "latent chronic miasm," as Hahnemann expresses it, are acted upon by meteoric or telluric influences, within a certain radius, an acute endemic, or epidemic, attracts attention, and often gives rise to popular anxiety and fear, and to overt acts, legal (?) or otherwise. Such epidemics bear the precise and peculiar characteristics of the constitutional peculiarities of the individuals composing the group; *i. e.*, according to the systematic taint will the crop be—the genius epidemicus exciting and the constitutional taint giving direction to the malady.

Furthermore, these *spread* not by contact but by reason of similarity of condition, tendency, and surroundings.

Fourth. Such epidemics often recur in cycles of time, in obedience to fixed laws, and are in harmony with the gross and unpardonable violations of natural law so conspicuously and alarmingly visible.

Fifth. External or "acute miasms" are those agencies or forces bred and existing external to the individual, but likely to be inhaled, imbibed, or absorbed, or may be, acting magnetically or electrically—capable of lighting up an internal chronic miasm, or of so preventing normal functions as to develop disease, such as the inhalation of noxious gases, sickening odors, etc. *A clear distinction must be made here between these infin-*



itesimal, imponderable, intangible forces, and those tangible *vehicles* of destructive force, dependent upon inoculation for the exhibition of their morbid qualities; *e.g.*, syphilis, sycosis, gonorrhœa, pyæmia, variola, vaccinia, the poison of serpents, rabid animals, and of various vegetable and mineral poisons. The former may be infectious, the latter are the only strictly contagious diseases, *and require absolute contact*, not with the skin only, but with the blood or with nerve fibre to show their disorganizing qualities.

Here I venture the opinion that the very worst diseases entailed upon the human race are those transmitted by inoculation, syphilis, sycosis, pyæmia, hydrophobia, etc., and that by the process of vaccination, which is a sort of inoculation, we are multiplying and intensifying human misery.

Having taken the foregoing general view of the subject in hand for exciting inquiry, and the further purpose of pointing a moral, I add the following distinct statements:

(First). The medical profession is not a unit on the question of contagion or infection: indeed, there is the widest, if not the wildest, diversity of opinion on the subject. Compare the definitions of contagion and of infection, given by Dunglison and Quain, and of other writers.

(Second). It is the year of our Lord 1887, and while important discoveries, astonishing inventions, rapid communication, etc., are characteristic of the times, there is not nearly the knowledge of the etiology of diseases, particularly of the zymotic, so-called, as certain facts and comparison of facts and conditions warrant. Since, in the management of diseases called contagious, there has come to be so much arbitrary power exercised by the State over the bodies, lives, and liberty of the people, a far more correct knowledge of the whence, the what, the why, of the "zymosis" ought to obtain. The legislature, in matters medical, but reflects the opinions of "medical experts," and if in the matter of "contagious" diseases, such experts have no more and no better knowledge of the quality or essential spirit of such so-called infection or contagion than their thesis and statements betray, how baseless and arbitrary must be such legislation! We need not go far nor expend much time in ascertaining the drift of such absurd ideas, cropping out as they do in the acts of every session of the legislature, and the tyranny exercised under cover of such acts!

Sixth. Contagion is one thing, infection quite another. I deny the possibility of knowing what "*contagion*" is, and doubt its existence! Nor is the idea of infection so clear or satisfac-

tory *that we can intelligently or positively affirm.* That meteoric or telluric influences, singly or combined, have the power of changing or perverting animal functions, I do not doubt. Cold, heat, electric influences, want, fear, fright, bad ventilation, poor food, etc., are, doubtless, the best expressions of finite beings in their efforts to get at the proximate, tangible causes of certain diseases, but are poor measures of the *subtle forces* galvanized into life within the organism, by the former physical conditions.

Experience, though bitter and expensive, has learned us this, in regard to startling endemics and epidemics: That certain conditions and habits of life, such as squalor, crowding, want, exposure, favor and intensify them. The course to pursue, then, is to prevent, not to palliate, by teaching those laws of hygiene, upon the observance of which health and life depend. The simple observance of the Golden Rule in all social and political life will surely solve the problem. Riches on the one hand, poverty the outgrowth of the concentration of riches, a Pandora's box of evils, surely following them, on the other, are the penalties of trampling the Golden Rule under foot. Anything short of radical reformation will be futile and confusing. No amount of tinkering will do.

Reasons why I reject the present "Theory of Contagion and of Contagious Diseases:"

First. Original cases, whether sporadic or epidemic, come not by exposure of person to person, but from internal changes, and sporadic cases often manifest themselves in the midst of comfort and cleanliness. They are also innocuous.

Second. It is but *the few*, taken from the ranks of the many, that become victims of the so-called zymotic or contagious diseases. The great majority of people, even though exposed to such miasms, escape. If there existed an absolutely *contagious* principle, the majority, if not all, would be victimized. And these *are the special few*, whose constitutional peculiarities, idiosyncrasies, or within whom are "latent chronic miasms," similar to or having an affinity for the external acute, who are, by reason of such, more susceptible to morbid influences.

Third. Physicians and nurses are directly and often exposed to the so-called contagious diseases, and in going to and fro, expose themselves and others, even their own families, yet with rare exceptions, enjoy perfect immunity.

Fourth. We all know how often it is the case that malignant or grave cases of diphtheria, scarlet fever, measles, and typhoid fever attack but one or two of a large family, yet they breathe the same atmosphere, eat food from the same dish, wash, join

hands, and, during the period of incubation, sleep together. Surely, if the theory of contagion be true—and judging by the arbitrary measures often taken in the course of epidemics, people deem it true—we should confidently expect no such limitation of cases.

Fifth. It is further asserted by pathologists that “germs” of disease, once lodged within the organism, are capable of multiplication and *do* multiply. This is expressive of quantity, of substance; and Dr. Letheby informs us that such germs or molecules are the one hundred thousandth part of an inch in diameter! But Baron Liebig, Beale, and others, tried microscopes, great and small, and chemical tests, but found no such evidence. I submit that disease-producing “germs or molecules” exist only in the imagination; but that life-giving, life-destroying, subtle force—the *soul* of matter—is beyond the pale of microscopes or chemical tests.

We do not know, hence *we cannot affirm* the existence of contagion, and on this account have no right to invade the sanctity of person or home on the plea of public safety, for safety lies in another direction. Sanitation, with more freedom, is the true policy and “the safe side!”

Very instructive quotations might here be offered by introducing a speech made by Sir Clark J. Jervoise, Bart., in the British Parliament, on “Infection,” had we space.

Sixth. The theory of the rapid multiplication of “disease germs” once absorbed, is *extremely improbable*; for, if it were true the death-rate would be unlimited, so great and paralyzing would be the effects, recovery would be the exception, not the rule. The probability is that the disease-producing “force” exhausts itself and recovery follows, or the patient succumbs to the shock.

Seventh. Certain diseases, like Asiatic cholera, small-pox, measles, hooping-cough, have characteristic peculiarities. Cholera is essentially a summer and fall disease, disappearing when frosts come; so of yellow fever. Small-pox appears in the spring and fall; sometimes in the winter, and seeks out the places, whether in the tented field or in the close quarters of the poor of crowded cities; and *there* we find its greatest activity, often amounting to an epidemic in such places. These facts are significant; ought to open our eyes to the fact that not a contagious or infectious principle is the *prima-cause-morbi*—but certain habits of life, *e. g.*, the crowding of human beings together, the want of food, and uncleanness, so disturb the functions of respiration, digestion, and assimilation, and excretion from the



skin and kidneys, that the blood, charged with a peculiar morbid product, finds an outlet for said product through the kidneys, skin, and mucous membranes. Each and every person similarly situated will finally succumb to such surroundings—sooner or later—no others will. Isolated, sporadic cases *spring from the same internal changes*, though the environments be entirely dissimilar. The fact that in the course of an epidemic invasion, we find and designate certain districts or quarters “infected,” while other localities are unaffected, is proof enough of the peculiar *limitation* of the particularly manifest disease: limited *because of environments*. The environments, including bad food, uncleanness, provoking the *internal specific changes*.

But, in the single, isolated case, whose surroundings may be all that is desirable, gluttony, intemperance, loss of sleep and irregular habits, anxiety, etc., may be the causes of the changes of function, resulting in small-pox, scarlet fever, diphtheria, etc. In either case, there has been a violation of some or many natural laws. In the one case—that of the poor—the environments are forced upon him by society; in the case of the well-to-do, it is willful or accidental.

Eighth. “Zymotic” diseases are those supposed to arise from the decay and fermentation of animal or vegetable matter; they are also considered peculiarly contagious or infectious. They are for the most part as follows:

Asiatic cholera, cholera-morbus, erysipelas, erythema, epidemic dysentery, rubeola, scarlatina, diphtheria, plague (now nearly extinct), typhoid or enteric fever, variola and its modifications, and by some nosologists, pertussis, and meningitis. But opinions differ widely as to their source and their “contagious” qualities. With the single exception of cholera, they are febrile diseases, and bear the marks of some dyscrasia or constitutional disturbance. What is this dyscrasia? What is the constitutional disturbance?

Gentlemen, I have more than a faint suspicion, *a well-founded belief*, that it is a *latent force* engrafted upon the race by *inoculation*, including vaccination—the “latent psora” of Hahnemann.

That these forces, at times latent, at times active, produce the various phenomena of the several diseases termed zymotic, contagious, infectious; that they are transmissible by heredity and inoculation. If my ideas thus arranged and communicated to you, my fellow-physicians, be reasonable, harmonious, and true, or if they approximate the truth, then let me *hope* that you will further investigate them, and as custodians of public health,

give them such practical application as shall from time to time be related to the public weal, in dealing with the "zymoses" and so-called infectious diseases.

Recollect, "An ounce of prevention is better than a pound of cure." Sanitation (including homœopathic medication), *nothing else*—will wipe out so-called contagious diseases.

Respectfully submitted,

T. DWIGHT STOW.

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## THE REPERTORY OF CHARACTERISTICS.

So many inquiries are sent us concerning the publication of this repertory that we feel an explanation is necessary. The work on a repertory is one that needs truth and reliability to make it of use. Though a repertory should be used simply as an *index* to the *Materia Medica*, not as a book for prescribing upon, still it must needs be accurate and reliable to be at all serviceable.

When this repertory was first advertised, its publication was promised immediately, and such was our expectation at that time. But when we commenced to edit our notes and the various MSS. received from Dr. C. Lippe and others, we found so many contradictions, so much confusion, and so many errors, that a complete revision of the entire work by a thorough and systematic comparison of the *materia medica* was considered necessary. This revision is now well under way, and, when done, the result will, we feel confident, more than justify the delay, and fully compensate for the labor expended.

The result will be (we hope) a more complete and more reliable repertory than ever before published. Is not this worth the delay and the labor?

Had not sickness delayed the editor in his work, this revision would have been completed some time ago. The repertory will be published as soon as is possible consistent with faithful work; it will be entirely new, fresh from the *materia medica*, and we trust all will find it of service in their daily labors.

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ANSWER TO INQUIRER.—Two answers were received to *Inquirer*, in our last issue; one from New York, the other from Philadelphia. *Grindelia rob.* was recommended for the case, by both physicians.

## ABROTANUM: WITH CLINICAL CASES.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

Irritable, week-minded, worse from mental exertion.

The head topples over because the neck is emaciated: the face is wrinkled and has a sickly look: the temples are marked by distended veins.

The face looks old, the infant looks like a little old person. [Also, Bar., Calc., Iodine, Natr-m., Op., Sulph.] [If from syphilis, Aur-mur.]

The whole body is emaciated and wrinkled; the emaciation spreads from the lower limbs upward (which is the reverse of Lyc. and Natr-m.)

Enlarged glands, especially in the emaciated abdomen.

Diseases change from place to place [metastasis]. Mumps go to the mammæ or to the testes. Rheumatism leaves the joints and endocarditis appears with profuse sweat; cannot lie down for the dyspnœa; sinking as if dying, pulse feeble. Rheumatism comes on when a diarrhœa has ceased too suddenly.

Piles which get worse as the rheumatism abates. Bleeding from the piles in amenorrhœa. [Graph.]

Hydrocele in boys.

Distended abdomen. [Ars., Bar., Calc., Iodine, Lyc., Puls., Sulph.]

Piercing pains in the heart. Piercing in the ovaries, mostly the left.

Wakes in a fright and trembles, is covered with cold sweat.

The extremities are numb and tingle as if thawing, after having been frozen.

High fever after the rheumatism has gone to the heart.

The wasting child has hectic fever with a ravenous appetite. Lives well yet emaciates. [Also Iodine, Natr-m.]

Abrotanum attacks the white fibrous tissues, the joints, pleura, peritoneum, etc.

Gouty nodosities in the wrist and the fingers.

Rheumatism goes to the heart, compare with Cactus, Dig., Kalmia, Lach., Naja, Spig., Spongia.

The grand features of this remedy are: metastasis; marasmus spreading upward.

CASE 1. Mrs. P. suffered from gouty deposits about the finger joints, which were very painful during cold, stormy weather. The joints and nodes were sore and hot at such times. The



nodes ceased to be painful and sudden hoarseness came ; ulcers in the larynx followed ; great dryness in the nose and painful dry throat ; sticking in the cardiac region. She lost flesh but the appetite kept good. Calc-phos. had been prescribed by her former attendant. After duly considering the case, Abrot.<sup>45m</sup> [F.] was given. She suffered for many days after this dose with a most copious discharge from her nose and bronchial tubes ; expectoration was copious, thick, yellow. Hoarseness ceased at once. In a month she ceased coughing ; the finger joints became painful and swollen considerably. In three months she had no pain and the nodes were scarcely perceptible.

She is now perfectly well and has been so one year. She had only one dose of the remedy, as the case was doing well enough, *i. e.*, as the symptoms were taking the right course to recovery in the proper way. She suffered much pain on the road to recovery but I know of only one way to cure these cases, and that is to let the remedy alone when the symptoms are taking the proper course.

CASE 2. Mrs. T. had suffered from chronic rheumatism of the left ankle and knee for several years. She rubbed the limb with a strong liniment and the rheumatism was speedily cured. But it was not long before she needed a physician. I saw her with friends surrounding her bed, she was covered with a profuse, cold sweat, sitting propped up on pillows. Her friends said she was dying, and I thought so too. She had a small, quick pulse ; there was pain at the heart and auscultation over heart, revealed the usual story, which is too well known to all, as there are many such cases. She was six months pregnant. Gave her Abrot., and she slowly recovered. The little one now bears my Christian name in honor of the great cure. She has recovered, perfectly free from rheumatism, and the lad is now several years old.

These two cases show what Abrotanum can do when properly indicated. It is a powerful remedy and must not be repeated. It acts many weeks, in waves or cycles ; it is too seldom used.

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A TERRIBLE DISEASE.—A colored clergyman once preached a sermon on the text : "And the multitudes came to Him, and He healed them of divers diseases." Said he : "My dying congregation, this is a terrible text. Disease is in the world. The small-pox slays its hundreds, the cholera its thousands, and the yellow fever its tens of thousands, but, in the language of the text, if you take the divers, you are gone. These earthly doctors can cure the small-pox, cholera, and the yellow fever if they get there in time, but nobody but the good Lord can cure the divers."

## LECTURE ON DULCAMARA.

DR. A. McNEIL, SAN FRANCISCO.

Dulcamara is an antipsoric and also an anti-sycotic, though in less degree. Its most distinguishing characteristics are its aggravations, which are thus tersely described by Dr. Guernsey: "All the symptoms are aggravated when the weather suddenly becomes colder, especially if it be damp; not so much so that the child (patient) takes cold, but that the morbid condition of the child is such as to be influenced by the atmospheric change. This is on the same principle as the aggravation of *Rhododendron*, which occurs when there is a wind storm even though the patient be warm and in bed." In this and many other symptoms our remedy has a striking resemblance to *Rhus tox.*, although the latter is not an antipsoric. Both have relief from motion and are aggravated from rest; both are aggravated by cold applications, particularly when wet.

But the Dulcamara patient is irritable, the *Rhus* patient is anxious and depressed; with Dulcamara the swollen glands are painless; with *Rhus*, painful; with Dulcamara the menses are late, scanty, and generally of too short duration; while with *Rhus*, they are too soon, profuse, and of long duration; with Dulcamara the patient is worse before midnight; with *Rhus* he is worse from evening till morning. With Dulcamara, as with all other drugs, the mental symptoms are the most characteristic. The Dulcamara patient is inclined to scold (*Mosch.*) without being angry. He has an inability to speak. Knows what he has to say but cannot find the right word (*Sulph.*); if he is told the word he can say it easily. He has great restlessness and impatience. He has delirium at night during the pain and the fever (hot stage). Please observe the peculiarities of the vertigo of this drug. On awaking in the morning giddy and dizzy (*Lachesis*), dark before the eyes, and weakness. While our remedy is not a routine one for headache, yet it will cure certain ones when nothing else will. A boring pain in the head from within outward, aggravated before midnight and by lying quietly. Sensation of enlargement of the cerebellum. On the scalp thick crusts form, while the hair falls out. In the eyes we find inflammation caused by catching cold in damp, cold places, and a twitching of the eyelids and lips in cold air. Coming to the ears, we have hardness of hearing, with roaring in the ears and rush of blood to the head. There is a bleeding

of the nose cured by Dulcamara, of a very bright red blood, accompanied by a pressure at the root of the nose (which Ruta has, but not the same kind of blood). In the face we have a peculiar alternation of symptoms. After disappearance of tetter, face ache and violent asthma. These alternations of disease manifestations are very important, and are evidence of the truth of Hahnemann's psoric theory. The Dulcamara patient has sometimes a circumscribed redness of the cheeks with paleness of the face (which Lyc. and Phos. also have). In common with Mercurius Dulcamara has dryness of the tongue (subjective) with much thirst and increased flow of saliva, and like Mercurius, the tongue is swollen so that he cannot be understood, yet he talks continually. Sometimes a person takes cold so that his tongue becomes partially paralyzed and the jaws stiff; Dulcamara is his remedy.

In the fevers of this drug there is violent thirst for cold liquids (also Aconite, Ars., etc.). In intermittents he has violent hunger after the hot stage. (With China the thirst is in all stages and during the apyrexia.) In the stomach and abdomen our patient is troubled with empty eructations, with throbbings as from disgust. (With Ant-tart. and Puls. we have throbbing or pulsation, but not with the same concomitants.) The Dulc. patient is also troubled with frequent eructations while eating. (With Argent-n. it is after eating; with Iodium it is from morning till evening; with Kali-carb. it alternates with a weak, empty feeling at the epigastrium.) He has a sensation of retraction at the epigastrium with burning. (Also Plumb: With colicky pains, is Podoph.) He is tormented with a violent pinching in the abdomen, as if a worm were crawling up and down in it, and was gnawing and pinching the parts. He vomits whitish, tough mucus.

Dulcamara is sometimes indicated in discharges arising from wet, cold weather, and from cold, damp nights, while the days are hot. They are usually worse at nights and of various colors, but often mucous in character and are accompanied by colic and thirst. Catarrhs of the bladder from damp, cold weather always remember Dulcamara; for instance, in catarrhal ischuria in children from wading in water with bare feet, when the discharge is a milky, mucous urine. The urine on standing and becoming cooled, has an oily consistence with a jelly-like sediment intermixed with specks of blood. Sometimes the urine sticks and has a mucous sediment. In the diseases of the female generative organs Dulcamara plays an important part, particularly in suppression of the menses, or of the



lochia from damp, cold weather, or in cases of threatened miscarriage, or loss of the mother's milk from the same cause. When a rash (Kali-carb., a nettle rash) appears on the skin before the menses. (With itching between the shoulder-blades, Carbo-veg.; on the forehead, Sarsap.) She may have her menses too late and lasting too short a time, with a watery discharge.

In children inclined to salivation (also Merc.), diarrhœas, and eruptions. In the back pains and also those in the limbs we find a striking resemblance between Dulcamara and Rhus. We have in Dulcamara pain in the small of the back, as after stooping too long a time, and still more so after taking cold; then we have neck stiff, and the back painful, the loins lame. And again, during rest drawing from the loins through to the thigh, which becomes a sticking on moving, and is ameliorated on rising. In paralysis this resemblance continues to be observed; Dulcamara has paralysis of the arms, which are very cold and are worse at rest. Dulcamara is a good remedy for warts on the hands, also in exostoses on the upper part of the right tibia with bluish-red spots, suppurating lumps. Dulcamara cures formication as from ants in the feet. (Secale has a similar tingling in the toes.)

On the skin the action of Dulcamara is marked. It has eruptions with reddish margins, and which become painful, but not itchy, from cold weather. Here again the bad effects of cold are seen; every time she takes cold urticaria or some other cutaneous affection appears; also complaints from retrogression of eruptions from damp, cold air; also dropsical affections from suppression of sweat by damp, cold air. Eczema oozing a watery fluid (also Graph.), bleeding after scratching. Small boils on places formerly bruised. It is a prominent remedy in hives, and is indicated in that form which itches much; also burning after scratching; it increases in warmth and disappears after taking cold, with gastric fever.

Dulcamara and Baryta carb. are complimentary.

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TOO MUCH SURGERY.—Dr. C. D. Palmer, of Cincinnati, read a paper at the last meeting of the American Gynecological Society, on "The Therapeutic Value of some Medicines in the Treatment of Hemorrhagic Conditions of the Uterus." After referring to the fact that the work of the Society had been largely surgical, only five papers on the therapeutical uses of medicine and three on obstetric subjects having been read before it, and also to the fact that a similar state of affairs existed in all the medical and surgical societies in this country, the author of the paper said that uterine hemorrhage could often be treated advantageously by means of drugs. Is comment necessary?

## MEDICAL JOURNALS AND PRACTITIONERS.

L. HENDERSON, M. D., SALEM, OREGON.

We take the liberty of publishing extracts from this letter of Dr. Henderson, as it clearly tells the story of homœopathic journalism. The profession leave the work to the editors, and *then* blame them for issuing poor journals. Is it fair?—EDS. H. P.

\* \* \* \* \* The indifferent disposition manifested by physicians toward most medical periodicals is not wholly without cause. The daily necessity of the practitioner is *accurately verified therapeutic knowledge*. The "busy doctor" has no use for any other literature denominated medical. He will waste little time and less money on it; it goes to the waste basket if of any other character, often with a sigh of yearning for the fresh bread of therapeutics. He regards the subscribing and paying for a medical journal as a contract between himself and the publisher. He thinks he should have a journal devoted to the dissemination of professional knowledge. If a consistent homœopath, he cannot with interest consistently drum page after page laudatory of this "tonic" or that "sedative," etc. If he does desire such, he ought to experience little difficulty in making a selection, especially if he turns his optics toward Chicago. Homœopaths who are in earnest rightfully expect their journals to advocate practice founded on the principle which has given Homœopathy an abiding place in the hearts and homes of the most intelligent. The future interests of Homœopathy are unsafe in the hands of those who recommend these contraband drugs and compounds. If homœopaths *do* use them, they are inconsistent; if they do not, the advertisers of this class are most certainly poor financiers.

But if the medical journal does not come up to the standard of proper merit, is it altogether the fault of the publisher? Most certainly not. The medical publisher must necessarily make his publication financially successful. His columns must fill the exchequer. They are *offered* to the profession. But few of the many, ably competent, avail themselves of the privilege. How much it is to be regretted that a less number regard it a duty to contribute. This is *the* greatest and most potent reason that our medical journals are not more highly prized.

It is not the elaborately finished disquisition that makes an article the most acceptable to a practical reader. Let medical writers deliver fire at short range. Useful and practical infor-

mation is at the command of every homœopathic practitioner. If he hides these under his bushel he is lacking in that spirit characteristic of a true physician. Such an one cannot say aught against the conduct of any medical journal.

The part that homœopathists shall have in the general prosperity will be measured by our present and future activity. *Doctor, you who read these lines, let the spirit of the immortal Hahnemann guide you; remember that the future of Homœopathy is not assured by the laurels won by its founders in the past.—The California Homœopath.*

## THERAPEUTICS OF THE THROAT.

### ÆSCULUS HIPPOCASTANUM.

#### THROAT, OBJECTIVE.

Congestion of fauces, of palate, of tonsils.

Dryness, of mucous surfaces of.

Inflammation of tonsils.

Mucus, hawks up ropy.

“ “ “ “ with sweetish taste.

“ “ “ thick.

“ “ “ “ afterward watery.

“ frequent calls to expectorate.

“ in, excites cough.

Swollen, worse evening, and on swallowing.

Swelling of tonsils, worse, left tonsil, swallowing.

#### THROAT, SUBJECTIVE.

Aching, constant, in tonsils and soft palate.

Biting, pain in fauces and tip of tongue.

Burning, violent, with raw feeling.

“ and *dry* sensation of fauces and palate.

“ in œsophagus and mouth.

“ like fire, worse swallowing.

Burnt, as if.

Colder, sensation as if *air* breathed in were.

Contraction, sensation of.

Constricted, scraped sensation of the, causing disposition to hawk.

Constriction of the fauces, great, with tongue feeling as if it had been scalded.



Dryness of the, worse after eating.

“ “ “ painful.

“ “ “ as if scraped and swollen.

“ “ “ posterior part of.

“ “ “ with scraped sensation, worse during expectoration.

“ “ “ with sweetish taste.

“ “ fauces and œsophagus.

“ “ with frequent desire to swallow.

Excoriated and scraped, felt as if.

Formication, violent in the.

Fullness in upper part of, sensation of.

Hot, felt worse left side.

Pricking and dull pressing in, with sensation of fullness in epigastrium, with empty eructation, followed by burning in stomach and bowels.

Pressure in the pit of, as if something had stuck there which required to be expelled.

Pain, sharp, in fauces and tip of tongue.

“ increased in, worse after eating a grape.

Raw feeling in.

Roughness and dryness of, as from taking cold.

Swallow, frequent inclination to.

“ “ “ “ with dull pains in tonsils.

“ “ “ “ “ neuralgic pains in tonsils.

“ “ “ “ “ constant aching in tonsils and fauces.

“ “ “ “ “ severe constricted feeling in fauces.

“ “ “ “ “ feeling of dryness and stiffness of throat when swallowing.

“ “ “ “ “ from feeling as if something had lodged in fauces.

Swallowing difficult.

Scraped, sensation as if, exciting cough.

Shooting, constant in the.

Soreness of, worse forenoon, worse evening and swallowing.

Tickling in, causing cough.

#### AGGRAVATIONS.

Eating, after.

“ “ grapes, pain.

Expectoration, during, dryness of throat.

Evening in the, soreness.

Forenoon in the, soreness.

Side, left, hot feeling.

Swallowing, burning, soreness.

#### CONCOMITANTS.

A careful study of its pathogenesis would lead us to believe that it affected the whole mucous membranes in a peculiar manner, marked congestions of a venous type are excited, particularly of the veins in the lower rectum; the peculiar dryness produced by this remedy is most marked in the mucous membrane lining the alimentary canal, especially those of the throat and rectum. We have hæmorrhoidal tumors, which protrude from the rectum, and are of a blue purple color, with sharp, shooting, cutting pains in them running up the rectum; with this we have the dry, uncomfortable feeling in the rectum, which feels as if it had been filled with *sticks*. The hæmorrhoids are large, without much hæmorrhage, and with the dryness and itching is associated a feeling of heat.

Pain across the sacro-iliac symphysis, more or less constant, of a dull, aching character, with a feeling as if the back would give way at that point; worse when walking or stooping; this is an important symptom, and may be regarded as a key-note in uterine displacements.

#### DIFFERENTIATION.

Æsculus is one of the many drugs which presents few peculiarities in its array of throat symptoms, therefore, we have few comparisons to make. The dryness, as you know, is very marked, and is made worse by *eating*. Now *Nat. mur.* should be carefully compared, as both have *dryness*, worse *eating*; and in *Nat. mur.* he constantly hawks transparent mucus, with the dryness of throat; this is not so with Æsculus, if he hawks the mucus is *ropy* in character.

The tonsils, which are smooth, and more on the left side, with feeling like *fire*, or as if *burnt*; should compare with *Phytolacca*, which feels as if a red-hot ball was lodged in fauces, is dry, rough, like Æscul., also the congestion is *dark red*, but the soreness is more on the *right* side, and with the dryness and rough feeling, the throat feels large, like a cavern. *Lachesis* should also be compared, as its throat diseases commence on the *left* side and spread to *right*, but remains worse on *left* side, generally

it is more from *warm drinks*, and the external throat is excessively sensitive to touch.

In the burning of the throat, which is more from swallowing, *Arnica*, *Carbn. s.*, *Kali b.*, *Kali c.*, and *Mag. c.* should be studied.

The mucus which is secreted in the throat is of a *ropy* character, and should therefore be compared with *Kali bich.*, *Myrica*, and *Phytol.*; this mucus is often of a sweetish taste, and when this symptom is present, care should be taken\*in studying *Sumbul*.

Often cough is excited from the presence of mucus in the throat, and this condition is peculiar to not only *Æsculus*, but *Atropinum*, *Gratiola*, *Kreos.*, and *Senega*; if this condition should be present in the morning on rising, study *Amm. brom.*

JOHN V. ALLEN, M. D.

## AILANTHUS GLANDULOSA.

### THROAT—OBJECTIVE.

Inflamed, worse swallowing.

Livid.

Mucus, hawking up of.

“ rising of; and yellow matter from.

“ great accumulation of; part of which is easily expectorated, while a portion is with much exertion detached in small flakes.

Parotid gland enlarged, tender.

Red (dark), almost purple.

Tonsils, inflamed, with spots of incipient ulceration.

Thyroid gland, enlarged, tender.

Ulcers, tonsils studded with many deep, angry looking; from which fetid discharge exudes.

Ulcers, spreading.

### SUBJECTIVE.

Astringent, sensation as after applying an.

Choking, croupy.

Dry, rough, and scrapy; worse morning.

Ear, pains extend to, when deglutition is painful.

Feeling in, choky, dry, œdematous, thick.

Fullness in the, just above the sternum, and a desire to hawk up something.

Hawking of mucus from.



Hawking constant, with efforts to raise lumps of whitish matter.

Irritability of the.

Neck, swollen feeling of the muscles of the.

Rough, feeling.

Tender, sore, worse swallowing, worse on admission of air.

#### AGGRAVATIONS FROM.

Air, on admission of.

Morning, in the.

Swallowing.

#### CONCOMITANTS.

Severe headache ; dizziness ; heat and redness of the face, of mahogany color.

Drowsy, yet very restless and anxious ; later insensibility, with muttering delirium ; recognizes no one.

Eyes suffused and congested ; startled look when roused ; pupils dilated and sluggish ; photophobia ; vomiting with stupor.

Vomiting violent, sudden, when sitting up.

It is especially indicated or called for in low, adynamic forms of disease ; sudden and extreme prostration ; torpor ; vomiting ; pulse small and rapid ; purplish skin.

In scarlet fever of a malignant type ; the miliary eruption is in patches, with efflorescence between the points of rash of a dark, almost livid color ; most on the forehead and face.

Especially suited to women and children more than men ; old people least of all ; to the asthmatic the odor of flowers is unbearable.

#### DIFFERENTIATION.

In this remedy we notice one aggravation in the tender, sore throat, namely, *on admitting air*. Now *Cistus can.*, *Merc.*, and *Nux v.* have pain in the throat from inhaling cold air, and *Arg. n.* and *Hepar* when breathing.

*Cistus*—is better from swallowing, which is the reverse of *Ailanthus*.

*Mercurius*.—Under *Merc.* we have the tonsils dark-red and studded with ulcers, similar to *Ailanthus*, but there is more salivation even with the painful dryness when *Merc.* is called for.

*Arg. nit.*—Here again we have the *dark-red* color of the throat, especially of uvula and fauces, but the sensation on breathing is like that of a *splinter* in throat and not the marked soreness of *Ailanthus*.

*Hepar*.—Now we find the *thread* as it were of this remedy, worse from cold air, even in the throat symptoms, but the sensations are as if a fish bone or plug had lodged there.

In the aggravation of throat symptoms in the *morning*—*Amm. c.*, *Berberis*, *Calc-ph.*, *China-sulph.*, *Cistus*, *Niccolum*, may be called, but their respective indications will help to decide.

JOHN V. ALLEN, M. D.

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## PROCEEDINGS OF THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

The Hahnemannian Association of Penna. met in the Continental Hotel, Philadelphia, January 10th.

Dr. Mahlon Preston, of Norristown, presiding.

Present, four active members, four associates, three honorary members, and two visitors.

Dr. C. F. Tegtmier, of Conshohocken, was elected to associate membership.

Dr. Wm. H. A. Fitz, of Philadelphia, read a paper on *Colchicum autumnale*.

Discussion :

Dr. C. Carleton Smith—We often have to differentiate between this drug and *Mercury*, but the shreddy stool and sour sweat of the former helps us out.

*Colch.* is the base of all quack rheumatic remedies. I had a patient once die after taking one of these, and she complained fearfully of "pains in the small joints." This is a marked symptom of the drug, and shows a night aggravation, the pains becoming worse in the evening. *Rhus* has an evening aggravation which lasts till three o'clock. *Merc.* is similar, but sweats more.

Dr. Mahlon Preston—*Colch.* has profuse sweat also.

Dr. Smith—The nausea from smell of food cooking is an important symptom, but must be stated by the patient voluntarily to be of value, and not elicited by inquiry ; it must be marked.

Dr. Clarence Willard Butler (Montclair, N. J.)—What are the pains in small joints?

Dr. Smith—Tearing and laming.

Dr. Butler—I find a stiffness marked, especially if with the sour sweat.

Dr. Preston—What is your experience with the eye symptoms?

Dr. Smith—Like *Merc.*, worse in the open air.

Dr. Preston—I once made a nice cure with *Coleh.* of an ulcer of the cornea, which was surrounded by a high growth like the mercurial ulcer. It was in a child of four years, and three or four doses of the 200th cured the trouble in two weeks.

Dr. J. H. Hamar—What indication had you for *Coleh.*?

Dr. Preston—The position of the ulcer. You will find it mentioned in the *Symptomen Codex*.

Dr. John V. Allen—I once cured a case of neuralgia of the stomach with that sensation of coldness in the stomach.

Dr. Wm. Jefferson Guernsey—*Ambra grisea* has that coldness in stomach also. I had a patient who had suffered for thirteen or fourteen years from this symptom, winter and summer, having been exposed in a sleigh ride. He had used all kinds of pads and warmers without relief, and was better in twenty-four hours after taking the *Ambra*.\*

Dr. Allen—I had a patient with coldness, as if freezing in the stomach, to whom I gave *Phos.* for some chest symptoms, and on looking up that drug found it also had the coldness. *Phos.* cured *all* his symptoms.

Dr. Butler—Some years ago a young man came to my office with clap. It was about meal-time, when the odor from the kitchen was quite noticeable. He was taken with an attack of excessive nausea from it, and on this indication I gave him *Colech.*, which cured his nausea and clap, too.

Dr. R. B. Johnstone, of Germantown, next read note 126 from the appendix to the *Organon*.

#### Discussion :

Dr. Allen—I can't see the difference between a single globule and a dozen as a dose.

Dr. Johnstone—I find, sometimes, that medicines do not always act just as I had expected, and have thought that it might be because in replenishing the vial over and over with alcohol I was producing a potency of alcohol as well as of the drug.

Dr. Guernsey—You can't potentize a menstruum with itself.†

Dr. Samuel Long (New Brunswick, N. J.)—What quantity of globules would you use as a dose?

\* This man has since had slight recurrences of the trouble, always helped at once by *Ambra*.—G.

† It is worth thinking of, however, that in drugs, run up to the third or fourth by trituration with sugar of milk and afterwards by alcohol, that there may be a potentization of *Saccharum lactis* with the drug.—G.



Dr. Smith—I use a few of the smallest size, No. 5.

Dr. Long—Dr. Constantine Lippe never had a liquid in his house, but always added to his medicines by dry succussion.

Dr. Smith—I think we can give an overdose. Dr. Dunham once said one globule was as good as a thousand, and while it does not prove the opposite, I think he had that in his mind.

Dr. Guernsey—I will not use sugar of milk on account of its taste. It resembles Magnesia so strongly that any patient under treatment for constipation would swear that he was taking that drug.

A letter was then read from Dr. Geo. H. Clark, asking for advice in a difficult case.

Dr. Guernsey read a brief paper on “The Quinine Curse.”

Dr. Johnstone—What remedy has the symptom—imagines that some one has poured a poisonous substance on the skin?

Dr. Guernsey—*Hyos.* has fear of being poisoned, which is similar.

Appointments for next meeting :

Materia Medica, Dr. Horace Still, of Norristown, who will present a paper on *Ambra grisea*.

*Organon* dissertation, Dr. C. Carleton Smith, Philadelphia.

Original paper, Dr. C. H. Lawson, of Wilmington.

WM. JEFFERSON GUERNSEY, *Secretary*.

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## THE QUININE CURSE.

Did any member of the Hahnemannian Association ever notice how much more finger-soiled the corks of some of his vials become than others? Think over your list of medicines before looking and you will, in all probability, be ready to declare that you have not more frequently used, or shown partiality for, any particular drug, yet pull out the drawer, and lo! the evidence is before you. Now open a repertory and turn to the symptom “aggravation from Peruvian bark,” and I wager you will find every name of the soiled-cork brigade recorded therein.

To be more explicit, I do not think that I know any more about *Pulsatilla* than any other remedy, and I am sure that I steer clear (with conscientious dread) of any pet prescription of that or any other medicine for such and such ailments, yet I have noticed that I give *Puls.* oftener than any other medicine. Why is this, and why are the anti-quinine medicines so frequently employed? I believe it is from the fact that that

cursed drug is so commonly used by all our patients, on all occasions, for all complaints. In short, it is the fashionable thing now to take it to prevent a cold, to cure a cold, and to keep you cold (by breaking a fever).

I believe we should study closely the list of medicines that antidote this drug, and perhaps thus find curative agents for multitudes of stubborn cases.

I need hardly add, that though the medicines may have been given without antidotal intention thus far that the beauty of the infallible law requiring their exhibition is noteworthy.

WM. JEFFERSON GUERNSEY, M. D.

January 10th, 1888.

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## THE ORGANON SOCIETY OF BOSTON.

The regular meeting of the Organon Society was held December 29th, 1887. There were nineteen members present.

The reading of the introduction to the *Organon* was continued.

In regard to bloodletting, Dr. Wheeler thought there was a reaction in its favor among old school physicians, and that much more of it was done now than formerly. Dr. Nichols spoke of an allopathic surgeon who bled quite frequently.

Dr. Bell related a case of glaucoma, where leeches had been applied to the temples without relief. There were terrible pains in and about the eye, worse at night and on lying down; better from warmth and from walking; had to walk most of the time. Rhus<sup>em</sup> gave much relief, and some days later Rhus<sup>emm</sup> cured.

In regard to the suppression of itch, Dr. Nichols related a case of primary itch cured in three months by Sulphur, internally, with no local applications but soap and water for cleanliness.

Dr. Wesselhoeft related a case of a family in which all had the itch, and all were cured within a year, each by a different remedy.

It was questioned, if in a Sulphur case the external application of Sulphur would cure, but it was decided that so much of the remedy was ordinarily used in external applications that the case would be aggravated and finally suppressed.

Dr. Wesselhoeft, in answer to the question, what should be told the patients when treated for such a disease, as to the length of time required for a cure, said he told them as he told his gonorrhœal or syphilitic patients, that it would take until they were cured, but that meant a cure, not a suppression. He thought it took no longer, on the average, to cure the patient

homœopathically than to suppress the itch allopathically, as it often required weeks and months to suppress such cases by external applications.

Dr. Jameson related a case of morning diarrhœa cured by Aloes, and followed by an itch eruption on the hands suppressed years before.

Dr. Wesselhœft related a case, occurring in the first year of his practice, of a shoemaker with a severe asthma, with goneness in the pit of the stomach, 10-11 A. M. One dose of Sulphur<sup>30</sup> was given dry, and the patient returned in ten days with his asthma entirely relieved, but with an itch on his hands that had been suppressed three times before.

He also spoke of a case his father treated. An old man in East Boston, who was in very good health but was badly troubled with constipation. He had been through the usual siege with pills, etc., until he was tired, and, his constipation being no better, he had given up all treatment of that sort.

He came to the elder Dr. W. for treatment for a so-called bilious attack. When this improved he broke out with an eruption from head to foot, but during the time the eruption lasted, and it was very severe, he had a natural operation every day.

It was very strange that so slight an internal trouble should take on such a severe external expression. Dr. Bell said we were often told how much Homœopathy had done in changing old-school treatment for the better; but he did not think so. They were just as bad as ever. Their pills were smaller but worse.

In regard to the removal of tumors, Dr. Bell said that ovarian tumors usually came too late for remedial measures and must be removed, for fear that the mechanical pressure might be fatal. Cancers also were usually brought to the physician's notice when far advanced. In the early stages, no doubt, many tumors could be cured by homœopathic treatment.

Dr. Wesselhœft thought such patients should be put through a course of strict antipsoric treatment before the operation. This would prevent the return of the disease in another form.

Dr. Bell said that ovariectomy was often followed by cancer.

In regard to pleurisy with effusion, an operation was sometimes necessary.

In regard to fistula in ano, Dr. Wesselhœft spoke of the case of Theodore Parker, the members of whose family usually died of pulmonary disease in their fifty-eighth or fifty-ninth year. He had no evidence of lung trouble whatever, but had a very



painful fistula. At the urgent solicitations of his family and friends, and against the strong advice of Dr. W., who warned them of the result, an operation was performed. Fourteen days after the operation he had a severe hemorrhage from the lungs, which was the beginning of the end. He soon went abroad for his health and there died.

Dr. W. related a case of *painless* fistula cured completely by Calc. phos., the lack of pain being the indication for the remedy.

In regard to operations for piles, Dr. Thurston related a case where the patient had a single pile, and was otherwise perfectly healthy. One of these hæmorrhoidal experimenters got hold of him, injected something into the pile, and the patient died in twenty-four hours from apoplexy.

Dr. Wesselhœft remarked how strange it was that Hahnemann said nothing of inherited tendencies—peculiarities transmitted from parents to children. The semen must have a tremendous dynamic force to transmit such things. He related two interesting cases. One in which the father, in his twelfth year, had a wart on his forehead; his daughter, in her twelfth year, had a wart in the same place. In the other case the father, when forty-five years of age, had a spot of eczema on his right shin; the son, in his forty-fifth year, had a similar spot on his right shin.

Adjourned to January 12th, 1888.

S. A. KIMBALL, *Secretary*.

## THE HAHNEMANN CLUB OF TORONTO.

TORONTO, December 7th, 1887:—First meeting of the "Hahnemann Club, of Toronto," opened at eight P. M., the President, Dr. Hall, in the chair, and all members present. As this was the *initial* meeting, there is not much to report, save the inaugural address of the President.

### OPENING ADDRESS OF DR. JOHN HALL, SR.

GENTLEMEN:—The objects of this organization and its tenets, I propose here to speak of briefly.

1. The old society, which usually met monthly, and called itself the "Toronto Homœopathic Medical Society," has ceased to exist, that body having passed a vote that "such society no longer answering the purposes of its framers, be dissolved," which forthwith took effect. Since when, some time last winter, there have been no meetings of medical men calling themselves by our name.

2. The profession of *pure Homœopathy* needed some assembly where the members could openly talk of their doings and experiences.

3. The new organization, as now formed, and calling itself "The Hahnemann Club of Toronto," does not and will not consist of mere "high potency men" (a thing of slow growth and careful diagnosis of the remedy), as our Constitution abundantly shows, but of those who are *true to the Hahnemannian principles*; believing that every curable disease can be managed more *quickly, safely, and thoroughly* by adherence to them than by all other means combined; such cure being always the test of our success. And where a disease is not amenable to medical means, but can only be relieved until death closes the scene, still the homœopathic remedy, the one best agreeing with existing conditions, will often palliate the sufferings of the patient, avoiding the use of Morphine, Chloral, Hydrate, etc. That such agencies as Morphine, etc., may be called for sometimes in such as surgical cases, where the sufferer is almost mashed to pieces in railroad accidents, etc., is, no doubt, true, and to put a sufferer out of his misery, may be desirable. It is, nevertheless, worthy of note, that the *palliative effects of our remedies* are not studied enough. We may also notice poisons as requiring frequently chemical antidotes as their first treatment. The real field of Homœopathy being those diseases, properly so-called, having primarily a dynamic cause, such as small-pox, cholera, scarlatina, measles, croup, diphtheria, puerperal fever, milk leg, carbuncles, and all inflammatory attacks which threaten life quickly; these, one and all, yield in a wonderful manner to our treatment, provided the physician is seen soon after the invasion of such disease. The object, then, which the members of this Club have in view is the treatment of disease of every kind which flesh is heir to, by *true homœopathic means*.

4. Every member is bound, morally, to sustain such an association by every means in his power, and should always have something to communicate out of his own or another's practice, being open to receive as well as give.

5. Every member is also under special obligation to sustain every other member, whether by advice or aid, keeping his moral character also above reproach.

6. The *care* of our medicines should be always with order and neatness, that even our foes may see that we have confidence in what we are doing. As I have no desire that either myself or any one else should give us a long paper, I will close these few remarks here.

TORONTO, January 4th, 1888.—Regular meeting of the Hahnemann Club, of Toronto, opened at 8.45 P. M., the President, Dr. Hall, in the chair. After calling of the roll and the usual routine business, Dr. Hall read an instructive paper on "The Causes of Typhoid Fever," as a reply to a similar article appearing a few days before in the *Daily Mail*.

Dr. Eadie called attention to the cure of two cases of tonsillitis, one beginning on right, the other on left side; in the latter a bag-like, œdematous swelling on that side led to the prescription.

Dr. Hall concurred in adaptation of Apis in such cases, when other symptoms, such as œdema and a grayish membrane called for it, and reported a case of diphtheria which began on left side; patient could swallow warm drinks better than cold; Lachesis high; on return he found patient the *same*, with a grayish (blue and white combined), deposit on left side, and no thirst; Apis<sup>20m</sup>, two doses two hours apart, cured in two days. The Doctor also told of a case of diphtheria in which a girl was ill a week before he was called in. His prognosis was great danger of post-diphtheritic paralysis; both tonsils covered with membrane and the only other symptom was the desire to *throw off covering*. Apis high in one week removed all symptoms but paralysis set in, first eyes, then dysphagia, aphonia, and general paralysis, all down spine, so she could not even sit up; dry cough. At intervals of three weeks for each potency, Caust. 6M, 40M, and CM, cured.

Dr. Adams reported Lye. as curing many cases of herpetic sore throat on right side; Dr. Emory reported an instructive case of hypertrophy of heart, showing the power of the "single remedy" and high potency, even in organic changes. Miss —, æt. twenty; at five years of age had diphtheria very badly; throat cauterized frequently; for about a year has had much trouble with heart; has been in habit of taking Digit.  $\theta$  10 or 15 gtt., two or three times per day; two or three allopaths diagnosed hypertrophy of heart, and prognosis death in about a year. Careful physical examination found region of superficial cardiac dullness abnormally extended, mostly to left side and upward toward clavicle, also beyond sternum; apex impinges with violence about three-fourths of inch above level of left nipple, midway between it and middle of sternum. Frequent depression; melancholy; often weeps; much dyspnoea, accompanied by palpitation and pain about heart; worse in damp weather, in house, and better in open air; pulse 120; heart beating tumultuously; pulsations visible and *audible clear across the room*. On account of the drugging with Digitalis, gave Nux<sup>200</sup>



April 5th, 1887. April 14th, much better, 11th not nearly so nervous and heart does not beat anything like it did before. Placebo.

May 7th. Has caught cold in head and throat; consults for sores about lips on skin near vermillion border; this has always been the case when she takes cold. The sore patches are round in form, elevated and resemble Herpes circinnatus; from this and history of maltreatment with Arg.-nitr., gave Natr.-mur.<sup>200</sup>. May 12th, pores entirely healed, "not the least bit nervous and heart does not beat at all." Placebo. 28th. Reports that now she never has that violent beating; sleepy after dinner and tired most of time. Natr.-mur.<sup>10m</sup>.

June 18th. Reports feeling quite well now, the heart giving no trouble whatever, even when walking fast or going up-stairs. On careful physical examination I find heart diminished in size fully three-fourths of an inch all around circumference; apex impinging in normal situation. This cure shows what our system can do in organic diseases, and as far as I know adds another to the list of remedies having audible pulsations, if further verified.

It was resolved and adopted that we jointly prepare a monograph on *post-partum and other uterine hemorrhages*; a remedy being assigned to each member to be worked up by our next regular meeting, in February, a fresh remedy each month.

Yours fraternally,

J. D. TYRRELL, *Secretary and Treasurer.*

## WAS HAHNEMANN INSPIRED?

One who reads the recent articles pro and con in the current homœopathic journals must often be led to ask himself this question: Does any difference of opinion arise? What says the *Organon*? To the law and the testimony, this is an end to all dispute! "The frequently recurring expression of different opinions, how best to practice Homœopathy, can easily be settled by referring to the teachings of Hahnemann." Can they, indeed? On what ground, gentlemen, please tell us? Was Hahnemann inspired? Or did he write, think, observe, and labor like other men, like, for example, you, my brother? If he did, then how is it that he has become infallible? What is your line of reasoning? This much praised *Organon* has many good things in it, and many very foolish ones. From Section 9 to Section 20, inclusive, is one string of undemonstrable hy-

potheses. Section 25 is pure gold. The less said about Hahnemann's mesmerism the better. However, our point may be noted in Section 2 of this part of the *Organon*. This says the master, "this (mesmeric pass) is a great adjuvant to homœopathic medicines in the actual treatment of the entire disease."

It seems, then, that Hahnemann himself was not above the use of adjuvants. Shall we read HIM out of the fraternity?

Now, it may all be true, that "the more ignorant the physician the oftener will it be his duty to give Opium or Morphia, and, if not ignorant, the duty to give it will *never* arise." Will any one point out a physician who is not ignorant? Where does the omniscient doctor reside? Are there many such in this country? Unfortunately, the large bulk of the rich have to depend on physicians who are human and limited in their capacity. The physician is called not always solely to cure the disease. Often the patient asks, first of all, to be relieved in the shortest possible time from his suffering; he is willing to be treated later for the remoter effects. Now, imagine a man rolling and howling with pain from a renal calculus, and being told if he will wait patiently for an hour or two in this agony, he may expect the doctor will find the right simillimum if it exists in the materia medica, and then in the course of another hour or two, he may hope for relief, when the administration of the proper amount of Morphia will, inside of ten minutes, begin to ease the brain. If the patient knows this fact, he will not be long in selecting the proper doctor. It is impossible for me to believe that the "old veterans cured all such cases without adjuvant treatment," for the simple reason that I think they occasionally found one that was incurable. Old veterans and far-off times have a great charm for many, because the faults and failures have dropped out and only a history of the good remains. Most of them were men of like passions with ourselves, and, other things being equal, just as fallible.

In this discussion, I wish to avoid dogmatic assertions as far as possible. I am not so confident, because I do not know *all* about it, that an incipient case of gonorrhœa is "an erroneously supposed local disease." Until more is known in what this disease consists, I prefer to reserve my decision, and hence will not argue that point.

We often upbraid the folly of those of "our friends, the enemy," who cannot see that a cure is ever effected by a homœopathic physician. Who ascribe it all to his medicative nature or coincidences? Who will never try a homœopathic remedy in a homœopathic way because it is Homœopathy? Who would

rather let a patient suffer on and die, even, than to treat them homœopathically? There are those whose prejudices carry them to such an extent, and they are to be both censured and pitied. It seems very like such a prejudice as this that some of our homœopathic brethren have for Opium or Morphia.

M. W. VAN DENBURG, A. M., M. D.

FORT EDWARD, N. Y.

## THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The ninth annual meeting of the International Hahnemannian Association will convene at Niagara Falls in June. The past meetings of this Association have been so interesting and so useful that we must labor diligently during the next six months if we would not have the Niagara meeting fall far behind its predecessors in interest and profit. Therefore let each member regard himself, or herself, as especially called upon to present at that meeting some choice piece of work. Do not leave this work to your neighbor, but be up and doing yourself.

In order to facilitate this work we present here a full list of officers, chairmen, and bureaux, with addresses to render communication easy and certain.

### OFFICERS, 1888.

*President:* William P. Wesselhœft, M. D., 176 Commonwealth Avenue, Boston.

*Vice-President:* Clarence Willard Butler, M. D., Montclair, New Jersey.

*Secretary:* E. A. Ballard, M. D., 97 Thirty-Seventh Street, Chicago.

*Treasurer:* William A. Hawley, M. D., 52 Warren Street, Syracuse, N. Y.

*Censors:* Drs. W. S. Gee, E. Rushmore, C. W. Butler, J. B. Bell, and Dr. Jas. A. Biegler, *chairman*, 58 South Clinton Street, Rochester, N. Y.

*Publication Committee:* Drs. W. P. Wesselhœft, C. W. Butler, and E. A. Ballard.

### BUREAUX.

*Philosophy of Homœopathy:* Dr. Ad. Lippe, 1204 Walnut Street, Philadelphia, *chairman*. Members, Drs. P. P. Wells, J. T. Kent, Alice B. Campbell, W. S. Gee, Edward Cranch, Edmund J. Lee.



*Materia Medica, etc.*: Dr. W. S. Gee, Hyde Park, Illinois, *chairman*. Members, Drs. P. P. Wells, Ad. Lippe, J. T. Kent, C. W. Butler, H. C. Allen, H. P. Holmes, E. Rushmore, E. W. Sawyer, H. Hitchcock, C. H. Lawton, E. B. Nash, W. J. Guernsey, Geo. H. Clark.

*Clinical Medicine*: Dr. Alice B. Campbell, *chairwoman*. Members, Drs. E. A. Ballard, J. A. Biegler, C. W. Butler, A. B. Carr, G. H. Clark, W. A. Hawley, H. P. Holmes, W. M. James, J. T. Kent, E. J. Lee, Ad. Lippe, C. F. Millspaugh, E. B. Nash, E. Rushmore, E. W. Sawyer, J. Schmitt, and W. P. Wesselhoeft.

*Surgery*: Dr. J. B. Bell, 178 Commonwealth Avenue, Boston, *chairman*. Members, Drs. Edmund Carleton, Thos. M. Dillingham, Julius Schmitt, G. G. Gale. (Name of English physician to be announced later.)

*Obstetrics, Diseases of Women and Children*: Dr. E. P. Hussey, 493 Porter Avenue, Buffalo, N. Y., *chairman*. Members, Drs. W. H. Baker, B. L. B. Baylies, E. A. Ballard, Allen B. Carr, Chas. E. Chase, Samuel L. Eaton, W. J. Hunter Emory, J. B. Gregg Custis, Wm. Jefferson Guernsey, Edward Mahoney, D. C. McLaren, Samuel Long, Franklin Powel, Edward Rushmore, Thomas Skinner, C. Carleton Smith, Julius Schmitt, Rufus L. Thurston, Flora A. Waddell.

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## CLINICAL NOTES ON CHARACTERISTICS.

C. CARLETON SMITH, M. D., } Philadelphia.  
EDMUND J. LEE, M. D., }

### ACTEA SPICATA.

**MENTAL**: There is chiefly mental depression, melancholy and anxiety. All symptoms are worse from fright and anxiety. Its chief pains are of a rheumatic nature. In the face there is a pulling, *tearing* pain extending from decayed tooth to temples; worse from slightest touch or movement of the muscles.

In limbs, right wrist pains, intolerably, is swollen; motion is impossible; slightest pressure on palm of hand near little finger causes patient to cry out. Its rheumatic pains are chiefly in the small joints, which are very tender to the slightest touch.

Swelling of *joints after slight fatigue*. (Farrington puts it thus: "The patient goes out feeling tolerably comfortable, but as he walks the joints ache and even swell.") The pains are chiefly of a *tearing* kind. Actea-sp. follows well after Nux vom-

ica. In rheumatic complaints compare with Bry., Cimic., Puls., etc.

(NOTE: Caul., Natr-p., Sal-ac., and Sticta are prominent remedies for rheumatic troubles in the small joints.)

### ÆSCULUS HIPPOCASTANUM.

**MENTAL:** Generally depressed, low-spirited; is irritable, loses temper easily, regains control slowly. (Loses temper easily, but regains it quickly, Sulph.) Confusion of senses; the headache is generally frontal, of a dull kind or a pressure. Dull frontal pain, followed by flying stitches at epigastrium (headache alternating with pain in abdomen, Cina, Plb.); with sensation of constriction of skin on forehead. Headache with drowsiness, feels too weak to walk.

(NOTE: Sense of constriction or contraction of skin on forehead, Æsc-h. Amm-c., Apis, Arn., Bapt., Caul., Hura, Mill., Phys., Sep., Verat. Drowsiness with headache in general, Acon., Agar., Ars., Bruc., Camph., Clem., Con., Creos., Crotal., Cyc., Gels., Hipp., Hydr., Ign., Indig., Lach., Lobel., Mur-ac., Nat-s., Nitr., Nux-m., Phos., Ran-b., Stann., Stront., Strych., Sul-ac.; with pains in forehead, Ailan., Asar., Chin-s., Gins., Indig., Indium, Laur., Nat-s., Nux-j., Op., Stann., Tanac., Zinc.)

**FACE** looks pale and miserable. Face swells after washing it; rubbing it after washing produces red spots under the skin. (Heat with red spots after washing, Phos.)

**TEETH** feel as if covered with oil. Toothache better from warm drinks and pressing teeth together; worse from cold drinks.

(NOTE: Warm drinks relieve, Lye., Nux-m., Nux-v., Rhus, Sulph.; pressing teeth relieves, Bell., Brom., Chin., Bry., Ign., Natr-m., Phos., Puls., Rhus; worse from cold drinks, Calc., Cham., Caust., Hepar, Lach., Merc., Nat-m., Nux-m., Nux-v., Puls., Sabad., Sil., Staph., Sulph.)

**THROAT:** Burning; dryness; feels dry and stiff when swallowing. Frequent inclination to swallow, with dry, constricted fauces. Dryness after eating. Tonsils dark, congested and swollen, worse left side (Apis); inclination to swallow with dull aching, burns like fire.

(NOTE: This burning in throat is peculiar with some drugs, but varies in degree. Thus, we find: burning as from alcohol, Amm-c.; as if inflamed, Nat-m.; like pepper, Mezer., Sal-ac., Verat.; like peppermint, Elaps.; like a red-hot ball, Phyt.)

**STOMACH, ETC. :** Pain, continuing *until he eats again*. Burning at epigastrium and feeling as if about to vomit, removed by eating dinner. Also distended feeling after eating; regurgitation of food an hour after eating.

Violent burning in stomach, bowels, and liver, with distress, nausea, and violent vomiting. Stitches at the epigastrium, following the headache; much dull aching in region of liver.

(NOTE: Dinner ameliorates, *Anac.* Chel., Cinnab. Eating ameliorates, Amm-m., *Anac.*, Bov., Cann-s., Canth., Chel., Ferr., Gamb., Graph., Ign., *Iod.*, Kali-c., Laur., Mezer., Nat-s., Nit-ac., Nux-v., Petr., Phos., Puls., Sabad., Stront. Dull aching in abdomen and stomach, increases as it becomes empty; eating relieves, Fago. Feels better after a full meal, *Ars.*, *Iod.*, Phos. Symptoms disappear during dinner, begin anew two hours after, *Anac.* Bœninghausen gives amelioration while eating, Alum., Ambr., *Anac.*, Caps., Chel., Croc., *Ign.*, *Lach.*, Mezer., Spig., Zinc.)

**ANUS, ETC :** *Excessive dryness* of rectum; dry, uncomfortable feeling in rectum, feels as if it were filled with small sticks. Mucous membrane feels thickened, which seems to obstruct feces. *Burning, fullness, pressure, and itching* at anus; *soreness, burning, and itching* at anus. Large purple colored hemorrhoids with burning, looking like ground nuts and very painful; apt to be accompanied with severe, dull backache. Hemorrhoids generally "blind." Pains worse when walking. "Severe pain in anus; could not sit, stand, or lie, (only possible position was kneeling). The pain was like a knife, sawing back and forth; almost a martyrdom for agony."—*Hughes*.

(NOTE: The dryness, burning, feeling as if filled with small sticks, the fullness, the large, purple hemorrhoids with the severe backache—these comprise a group of symptoms found nowhere else. This drug is *not* a remedy for "piles," but when indicated it will cure its peculiar kind of hemorrhoids.)

**STOOL :** Constipation; stool hard, dry, passed with difficulty; followed by severe pain and backache. Protrusion after stool. Stool first part hard, last softer and white as milk.

**URINE** hot; burns as it passes. Frequent and scanty; clear or more frequently dark brown.

**LEUCORRHOEA**, with lameness across sacro-iliac articulations, and great fatigue from walking, because that part of back gives out in walking even a little way. Dark, thick corroding leucorrhœa, with constant backache. This same backache and giving out is seen in pregnant females. Also, piles very troublesome during pregnancy.



**RESPIRATORY ORGANS :** Sensation of dryness and stiffness of the glottis (Chlorum.) and of laryngeal muscles. Hacking cough caused by constriction of fauces. Chronic cough, with emaciation.

Hot sensation in chest; spits blood in morning on rising, (before rising Nit-ac., Nux-v.) Stitches in lower left lobe, *relieved on passing flatus*.

**BACK :** *Constant dull aching*, affecting sacrum and hips, very much aggravated by walking, motion, and stooping, almost impossible to walk or to rise from sitting. This backache accompanies most all the complaints of this drug.

**LEGS, ETC. :** Back and legs weak, can hardly walk. Knees ache, muscles sore; worse on waking and motion. (Bry.)

**PECULIARITIES :** Sensation of fullness, as from too much blood, in ears, nose, heart, lungs, stomach, brain, skin, etc. Mucous membranes feel *dry, swollen*, or burn. Muscles sore or bruised, especially in moving or walking, and from motion. (Abrot., Bry.) The stitches in left lower lung *relieved by passing flatus* is very peculiar. Compare: Aloe, Collin., Merc., Nux-v., Podo., Sulph.

### ÆTHUSA.

**MENTAL :** Delirium; imagines she sees rats, dogs, etc.; wants to jump out of bed or the window. Bad humor; irritability; great anxiety and restlessness, followed by violent pains in head and abdomen. Weeping and crying; more so as disease progresses. After social conversation all the symptoms disappear. Wine aggravates.

**HEAD :** Vertigo, with sleeplessness; cannot raise the head. Looking upward increases the vertigo and the headache. As the giddiness ceases the head becomes hot.

Headache, pressure, pulsation, stitches, etc. Pain in the forehead, as if it would split; at its height vomiting, and finally diarrhœa; thin stools relieving the headache.

Pains are relieved by passing of flatus (also Cann-i., Cic.), temporarily by eating and by pressure. Constant sensation as if pulled by the hair. Unable to hold head up. (See Acet-ac.) Headaches appear periodically, after checked menses; are worse walking and looking upward.

Distressing pain in occiput, nape, and down spine, relieved by friction with hot whisky.

(NOTE: Diarrhœa with headache, Con., Glon., Graph., Nitr., Stram.; in forehead, Agar. Vomiting with headache, Cadm., Caust., Con., Dulc., Graph., Kali-c., Lach., Mosch., Natr-m.,

Nux-m., Rhus-r., Stram., Viper-t.; in forehead, Crotal., Iris, Phos., Verat-v.)

EYES: Pupils dilated, eyes staring, eyeballs turned down (in convulsions).

FACE: Features express great anguish and pain, pale, *well marked linea nasalis*.

Herpetic eruption on end of nose. (On nose, Ham., Nat-c., Nit-ac., Spig.)

THROAT AND MOUTH: *Aphthæ* in mouth and throat, making the patient very miserable. (*Aphthæ*, Ars., Borax, Lach., Merc., Sul-ac., etc. Intensely sore and raw mouth, Arum-t. Infant's sore mouth, better after beginning to nurse, Bry. Child cries when nursing, Borax.) Feeling as if tongue were too long. So long cannot use it—presses against teeth.—*Guernsey*. (Tongue feels too long, Acon., Mur-ac., Sumbul; feels too large, Par., Puls.)

VOMITING, ETC.: Children or pregnant women who vomit a frothy substance as white as milk.

Eruclations of food an hour after eating it, in adults (after every meal, Nat-m., Phos.; during pregnancy, Acet-ac.). *Intolerance of milk*.

Sudden and violent vomiting of food (in children). The milk, curdled or not, is *forcibly* ejected as soon as taken, then follows weariness and drowsiness. (Drowsy after vomiting also, Ant-t., Ipec.)

Adults may vomit with a feeling of great distress, which they cannot describe, or may complain of a distress as if stomach were turned upside down, with burning up to chest.—*Guernsey*.

(NOTE: In vomiting of children *Æthusa* occupies a very characteristic position. The child vomits everything soon after taking it, but more particularly *milk*. The vomit and stool are apt to be alike. The vomit may be white, yellowish, or greenish curds. It is very forcibly ejected, and after it the child sleeps; it *awakes hungry*, and eats again only to vomit at once. With Ant-cr. the child vomits sour milk in little white lumps, *but refuses to nurse again*, and has the *white* tongue. With Ant-tart., vomiting is followed by drowsiness, languor, loathing, and desire for cool things; lying on right side relieves the vomiting. Calcarea has vomiting of *sour* curds as soon as milk is taken, or milky curds in the stool; large, fat babies with sour sweat; milk disagrees. Milk is cheesy, Cham. Milk tastes salty, child refuses it, Calc-p. Aversion to the milk, refuses to nurse, or, if it does so, vomits the milk, Sil. Milk is yellow and

bitter, hence baby rejects the breast, Rheum. Baby refuses to take the breast, Calc-p., Cina, Merc., Sil., Stann. Child cries on attempting to take breast, Ant-t.)

**STOMACH, ETC. :** Painful contractions, so severe as to prevent vomiting. Great distress with the vomiting. Colic followed by vomiting, vertigo, and weakness. Sensation of coldness in abdomen.

**STOOL, ETC. :** Stools generally loose and green, bilious, or of curdled milk, like the vomit.

Obstinate constipation, with worrying and fretting. Pain and tenesmus before and after stool. Semi-comatose condition after stool, also after vomiting.

**URINARY :** Cutting pains in the bladder, with frequent desire to urinate. Nocturnal enuresis, with vomiting of curdled milk after nursing ; greenish, watery diarrhœa.

**FEMALE ORGANS :** Menses checked by warm bath. Lancinating pains in sexual organs. Eruption of pimples on external parts, which itch as she gets warm.

**RESPIRATORY :** The sufferings of the patient render him almost speechless ; the disease has a tendency to deprive him of speech entirely. Respiration often becomes hoarse and hissing ; very difficult and painful respiration. Sensation as if chest were encircled by a band, which causes difficult breathing.—*Guernsey.*

**HEART :** Weak, intermittent pulse, with palpitation and headache.

**NERVES, ETC. :** Epileptiform spasms, with clenched thumbs (also Ars., Arum-t., Caust., Cocc., Glon., Hell., Hyos., Secale, Stann.), eyes turned down (also Canth., Cham., Ether), dilated, staring ; immovable pupils, foam at mouth, teeth set, pulse small, hard, and quick.

(NOTE: Hyos. has "child sickens after eating ; vomits, or shows signs of distress at stomach ; sudden shriek, and then insensible." For the spasms of children Guernsey gives the following hints : Caused by fall or injury, Arn. Child lies as if dead, pale but warm, finally it twists its mouth from side to side, a violent jerk seems to pass through whole body, and then respiration and consciousness gradually return, Arsenic. Starts from sleep with wild look, dilated pupils, red, flushed face, sleepy after spasm, Bell. After suppressed measles, Bry. After suppressed catarrh of head or chest, Camphor. Child seems well, when suddenly it becomes rigid (Cina, Ipec.), then relaxation with much prostration, also violent jerks through body, Cicuta. Child is very excitable and weak, and in consequence frequently suffers with spasm, as from excessive playing and laughing, Cof-



fea. Spasms, commencing in extremities and preceded by vomiting, after convulsion child screams, turns and twists in all directions, till another spasm occurs, Cuprum. After retrocession of the rash in scarlatina, Cupr.-acet. Body has bluish tint, and muscles of back, face, and jaws are chiefly affected, Hydro-acid. Spasms returning at same hour every day, single parts seem to be affected, screaming and trembling, Ignatia. Spasms caused by swelling of gum over a tooth, Creosote. Much gasping for breath either before, during, or after the spasm, there may also be a bluish tint on skin, Laur. Swelling of gums, salivation, etc., or after suppressed salivation, Merc. Screaming before and during spasm in infants, or from fright, Opium. Spasms which return at the change of the moon, Silicea. Child seems afraid, shrinks from objects, and spasm from failure of eruption to come out fully, Stram. Pale skin, difficult breathing (also Secale), and spasms from retrocession of eruptions, Ant-tart. When a cold sweat comes on forehead during or after the spasm, cough before or after spasm, sometimes syncope after, Veratrum. Pale children (especially during teething), cross, irritable for days, cries out in sleep, rolls head from side to side (Secale), right side twitches, abdomen distended, and more urine than usual, Zinc.)

**SLEEP:** Sleep of *Æthusa* is restless. Patient is drowsy after stool or vomiting. On falling asleep there is rolling of eyes or slight convulsions.

**PECULIARITIES:** Anxiety and painful distress; great weakness, especially in children (child complains of being tired all the time, Cina); emaciation; want of power to hold head up or to stand. *Intolerance of milk*; black tongue and bilious diarrhoea in typhus; lancinating pains; sleep disturbed by violent startings; after much vomiting and purging child becomes cold, clammy, semi-unconscious, and will lie with staring eyes and dilated pupils. Sweat relieves the malaise and tendency to delirium.

**COMPARE** Ant-c., Ars., Asar., Calc., Cic., Con., Cupr., Ipec., Op.

### AGARICUS EMETICUS.

Most marked is the vertigo, which is so severe one must be carried to bed; is not able to sit or stand.

Sudden, violent longing for ice-cold water (during the worst attacks of anxiety), *which causes gradual relief*. (Anxiety partially relieved by cold drinks, Acon., Sulph.)

Violent vomiting, sensation as if stomach hung on threads, which would be torn, with ice-cold sweat on face; faintness

even from moving head or listening to reading. Vinegar unbearable. (Aggravation from vinegar, *Ant-c.*, *Ars.*, *Bell.*, *Brom.*, *Ferr.*, *Sep.*, *Sulph.*,)

CONDITIONS : *Cold water relieved speedily and permanently.*

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### A CASE FOR COUNSEL.

Miss A., age twenty-eight, a lady of excellent moral character and good family history, except consumption on the father's side, her only brother dying of this disease. Patient has been subject all her life to very violent headaches or neuralgias; when only a child, was ill for two days at a time with violent pains in the head. Character and location of these pains she does not remember. When in her teens was subject to violent dysmenorrhœa; has had typhoid fever. Two years ago had acute inflammatory rheumatism. For five years has had post-nasal and laryngeal catarrh. Several polypi have been removed from nares, and the parts cauterized. Two years ago the walls of the pharynx were studded with small ulcers. She has taken enough drugs to float the Great Eastern, and yet lives. Eight months ago I was called to relieve this lady of a very violent neuralgia, which I was more successful in doing than my allopathic brother, and the case was soon put under my care. I found my patient with the following symptoms, which have characterized her case all along :

Violent pain in left eyeball; the eye feels as if it would burst, or as if a knife was plunged into it; pains shot from the eye to vertex; a very violent *drawing* pain on the vertex; the eye burns like fire; watering of the eye; pains radiate from eye in all directions; eyeball and adjacent parts exceedingly sensitive to touch; pains in occiput and cervical region; violent pain with intense burning in left nostril; pain at the bridge of the nose; left side of nose very sensitive to touch; complete stoppage of the nose; can't breathe through nares; tip of the nose very red; very nervous, throwing arms about; sometimes fluttering of the heart; alternately chilly and hot; hands and feet cold. If patient is not soon relieved the suffering becomes so great she screams with pain; the face, lips, and tongue tingle; the hands cramp, the fingers spreading; the pulse so feeble can scarcely be counted; twitching of the muscles of forearm, and my patient becomes unconscious. In a few minutes consciousness returns and the pains slowly subside. The attacks come without any apparent cause, though excitement has been known

to produce attack. In some attacks the remedy soon gives relief; the next time the remedy is powerless to relieve. Acon., Bell., Ars., Cup. ars., Cup. met., Act., Rac., and Spig. have been given, but none of them give relief nearly so quickly as I usually receive from a well-chosen remedy in neuralgia. Many times my patient must suffer from ten to fifteen hours before relief can be had. There ought to be a remedy that would relieve my patient in two or three hours. What is the remedy?

In the interval of these attacks, the patient complains more or less of the following symptoms: Dull pain and aching in occiput and cervical region; muscles in this region are sore; dull pain and aching between the eyes; great burning in posterior nares and throat; stinging and aching in throat; posterior nares feel raw and sore; thick, yellow, sometimes stringy, discharges from nose. Walls of the larynx red, dry, ragged, and pitted. Aphonia appearing without catarrhal symptoms lasting from a few days to eighteen weeks, suddenly disappearing.

When not troubled with aphonia, the voice is clear and musical, and the patient sings in the choir every Sabbath. Attacks of dyspnoea; wants the doors and windows open and to be fanned. For many days will have slight difficulty in breathing. Burning and stinging in apex of left lung, and a sense of great weight there. Sight of left eye deficient; objects look dim; letters run together. Swelling of the body, neck and face, and upper and lower limbs. Knees are very much swollen. Hands suddenly swell, must remove gloves in church. The arms ache and feel heavy as lead. Arms and hands feel as if gone to sleep; sleepy, but cannot sleep; slight noises keep her awake; suddenly starts on falling asleep; awakens in sleep with a start. If she does sleep soundly, feels utterly prostrated on awaking, almost powerless to move. Menses regular, but too scanty, last but two days; very dark and clotted, no pain. In early menstrual life, the menses very irregular; six to eight weeks intervals. The limbs ache and the muscles are sore; fidgety feet. For these symptoms I have given Sul., Act-rac., Kali-bich., and Ars., with indifferent results. My patient is but little better to-day than when I began the treatment. Is the lack of success in the selection of the remedy? Is the seat of the difficulty in the base of the brain, or where?

There is one spot in the post nasal cavity which if touched will produce instantly this drawing pain in the vertex.

Perhaps the nasal catarrh has something to do with this violent neuralgia.

M. R. JAMISON, M. D.

CONNELLVILLE, PA.



## BASTINADO FOR ASPHYXIA.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN : In the volume of *Transactions of the International Hahnemannian Association* for 1886, is a record of two cases of asphyxiation from Ether, treated successfully with the bastinado at the hands of Professor Carleton, after the common methods used for resuscitation had failed, including artificial respiration. You will be glad to know that the bastinado has saved another life. It came about in this way :

Yesterday, a patient in this house was etherized with care for operation. She seemed healthy ; no lesion of the heart or other vital organ could be discovered ; not more than quarter of a pound of ether was used, properly diluted with air, while one member of the staff watched the pulse and respiration, and did nothing else. The exact degree of anæsthesia desired was produced—that is, the conjunctiva became but slightly sensitive. Without warning, respiration quickly slacked up, followed soon after by loss of pulse, and all signs of life suddenly disappeared.

Without delay or confusion, the staff set about the work of restoration, which included hypodermic injections of brandy and artificial respiration. Then recollecting the bastinado, slapping the soles of the feet with slippers was added. Reaction did not follow. Professor Carleton was then hastily summoned from the lecture-room. Abruptly stopping his lecture to the students, he began to direct our movements. He thought our work was good, excepting that the respiratory movements were too rapid and not emphatic enough. That we corrected. Also that the bastinado was not applied with sufficient precision and force. As he attached much importance to this last-named procedure, he took the matter personally in hand. Holding a foot so that its sole was well exposed, he struck with a shoe, quickly repeated, heavy blows in the hollow of the foot. In a few seconds the patient scowled, drew up her leg slightly, and then sighed. He then served the other foot in like manner, which caused good reaction. Respiration and pulse soon became natural.

IDA F. NORRIS, M. D., *House Physician*.

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FOR SALE.—The widow of a lately deceased homœopathic physician desires to dispose of a complete and perfect set of Ziemsen's *Encyclopædia*; of an atlas of Human Anatomy, by J. A. Jeancon; of a Flemming 20-cell battery, and electrical instruments, etc. Address Mrs. E. C. H., care this journal.

## A CASE OF DYSENTERY.

REV. J. K. MENDENHALL, SARATOGA, NEW YORK.

Aug. 23d.—Was called to see S. H., a servant girl, age, eighteen; pulse, 100; profuse perspiration, severe pain in head, back, arms, legs, and abdomen, the latter extremely painful under slight pressure; stool very frequent and painful. Of this I could get no account save that it was excessively fetid and contained much blood. Constantly recurring chills.

HISTORY.—She had been working very hard all summer, and for two months had eaten large quantities of candy. Two and a half days previous to the attack she had eaten eighteen crab apples. On the morning of the 21st she had fainted on rising from bed. Her employer gave her at that time a pint of Citrate of Magnesia; this was soon followed by copious discharges from the bowels and excessive pain in them; fever also put in its appearance. Alarmed by this a Dover's powder was given, but the patient grew worse. During the night of the 22d fifteen drops of Aconite were given in about ten hours. It was at this juncture that I saw the patient; gave Nux vom.<sup>1m</sup> (B. & T.), one dose, followed by Sac. Lac. Saw the patient again in the evening, condition much the same.

24th, 8.30 A.M.—Pulse, 98; no thirst, little perspiration; tongue yellowish white with *deep teeth marks*; abdomen *so tender she shrunk from the slightest touch*; stool frequent, exceedingly painful, and only *blood and milky water*; felt as though *she would never get done*; strength gone; abdominal pain constant. Merc. viv. 60 x trit. (B. & T.), 3 powders at intervals of two hours, followed by Sac. Lac.

8 P. M.—Slight amelioration of symptoms.

25th, 10 A. M.—Patient had slept some, stools less frequent, all symptoms better. Sac. Lac.

8 P. M.—Improvement continued.

26th, 9 A. M.—But two discharges from the bowels during the night, and these contained fecal matter; pains had largely disappeared, and patient could tolerate deep pressure on abdomen. Sac. Lac.

8 P. M.—Two discharges during the day of fecal matter alone; patient hungry, sat up while bed was made; no ill effects followed.

27th, 9 A. M.—A fair night, two movements of bowels, a little blood with fecal matter. Sac. Lac.

8 P. M.—Had a comfortable day, sat up an hour, felt better for it; *no pain* anywhere, very hungry.

28th, 7 P. M.—A comfortable day, no pain, discharges normal, good appetite, strength returning. Sac. Lac.

30th.—Patient sitting up all the time; good spirits, good appetite, strength returning, alvine discharges, normal in character and frequency, no trouble of any kind; patient anxious to resume work; cure complete.

## CLINICAL CASES.

STUART CLOSE, M. D., BROOKLYN, N. Y.

### CASE I. *Intermittent Fever*: Mixed type.

Mrs. W., a coarse, ignorant German woman, aged thirty-five. Confined one week since. Being very poor, and having no one to help her she was compelled to get up on the sixth day, though very weak and sick. Has had chills and fever at intervals for several months, and almost constantly for the last month, increasing in severity.

*Status præsans*:—1. Chill and coldness predominate.

2. Cold all night in bed, with chill on moving.

3. Chills at eight A. M., eleven A. M., and three P. M.

4. Afternoon fever, beginning at about three o'clock, following the last chill.

5. During heat, pricking in skin, all over body, as from needles.

6. Great thirst, for large quantities, during all stages, can't get enough water.

7. Severe pains in the knees, aggravated by motion, bending the knees, and especially going down-stairs.

8. General aggravation from motion. "Feels pretty good when she keeps still, but miserable when tries to move about."

Rx. Bryonia<sup>200</sup>.

A powder was dissolved in water, and the patient directed to take a spoonful every three hours until a general sense of relief was experienced, and then to stop.

In four days she was cured. Two months later she reported that there had been no return of the fever.

From a hygienic point of view the surroundings of this woman were most unfavorable. Living in a miserable, filthy tenement, in a region notorious for its "malaria" and bad odors, confined, with no assistance but from a decrepit old



woman, and compelled to get up from her bed on the sixth day and do her housework, one could hardly blame the homœopathic remedy for shirking its duty a little. But brave old Bryonia<sup>200</sup> ignored all such trifles, "rolled up his sleeves and went into it," and routed the intruder bag and baggage.

It illustrates the truth, that hygienic surroundings are not necessary to the successful use of our remedies.

CASE II. *Acute catarrhal inflammation of the middle ear.*

Miss B., aged nineteen. Very large, full figure, brown hair, blue eyes, fresh complexion.

A week ago, caught cold in some way, about the time the menses should have appeared. For several days she felt feverish, languid, with pain and stiffness all over the body. The menses delayed three days, then came on with a little more pain than usual. Her mother gave her Acon.<sup>3</sup> in frequent doses, the first day, which caused profuse perspiration, but did not materially modify the symptoms.

Yesterday she began to have earache, right side, gradually increasing in severity toward evening. The pain prevented her from sleeping during the night, in spite of treatment instituted and vigorously kept up by her mother.

This treatment consisted, first, of dropping Laudanum into the ear. Obtaining no relief from this, she resorted to the time-honored "onion treatment," which consists of roasting the onion, extracting the heart, and inserting it, while hot, into the painful ear.

In this way, during the thirty-six hours which had elapsed before I saw the case, she had used up a peck of onions, without relief. The mother, having "done *her* duty," sent for me. I found the following symptoms :

1. Face flushed bright red.
2. Right cheek and parotid region swollen, and very sensitive to touch.
3. Snapping and cracking in ear since four A. M.
4. Pain in paroxysms, excruciating, causing her to scream out and weep.
5. Pain is sharp, stitching, from within outward ; also extends below ear along eustachian tube.
6. Paroxysms come suddenly, "like a flash of lightning," last about half a minute, and disappear as suddenly as they came.
7. During the paroxysm, she screams, throws herself about, *strikes at any one who comes near her*. Says she can't help it—feels as if she must strike somebody.

8. Pains across lower part of back and in uterine region, aggravated by turning in bed. *R.* Bell.<sup>200</sup>.

She received, I think, two doses of a solution of the remedy, about twenty minutes apart. Relief was almost instant. In about two hours, all pain was gone, and she slept soundly all night. The ear was "stopped up" for a few days, but this soon passed away without further medicine.

## CLINICAL NOTES.

CLARENCE WILLARD BUTLER, M. D.

NAUSEA OF PREGNANCY.—Mrs. C. B., age thirty-six, at the third month of her fourth pregnancy, suffers from continuous and persistent nausea without vomiting. *Ip.*, *Sep.*, etc., have not relieved. Her mental symptoms, which had been concealed from me heretofore, were as follows: great *fear*; fears she will not survive her confinement; anxious and timorous; does not dare go on to the street alone; in constant fear when in crowded places, as church, market, etc., but does not know *what* she fears. *Aconite*<sup>45m</sup>, *F.*, one dose, relieved promptly not only the nervous apprehension but the nausea as well. My friend J. H. Wilson, M. D., of Bellefontaine, Ohio, guided by the above mental symptoms, some years ago cured a case of "morning sickness" brilliantly with *Acon.* in a low potency.

Mrs. F. W. A., age twenty-nine, at the fourth month of her second pregnancy, complained of severe nausea and occasional vomiting, which annoyed her only late in the afternoon and evening; appetite good when not nauseated; no thirst; tendency to be chilly all the time (in August). *Puls.*<sup>mm</sup> (*Tafel*), one dose. Entire and prompt relief.

SCIATICA.—Mr. H. M. R., age forty-eight, carpenter by trade, has been working during the cold weather in an exposed place. For three days has suffered from a severe drawing pain in the left leg, commencing at the nates and extending down the posterior aspect of the thigh to the popliteal space and on to the calf of the leg; better while lying quietly, with the leg extended, and while walking slowly, but is *unbearable while sitting*. *Rhus tox.* and *Pulsatilla* afforded no relief (of course not), but for the two days he was wasting with these drugs he grew steadily worse till the only relief he had was by the recumbent posture. *Amm. mur.*<sup>cm</sup> (*H. S.*) relieved in two hours and cured in a day and a half. He received but one dose.

PRURITUS ANI.—Mr. A. B., Jr., age thirty, a periodical dipso-

maniac, tall, slender, of light complexion, and nervous temperament, has been for the last four years a sufferer from this disease. It troubles him all the time, but is much worse at night. The itching in and about the anus and forward along the perineum is so severe at night as to deprive him of sleep. It is relieved *while* scratching vigorously, and by application of cold water. When relieved by the compress he drops off to sleep, it quickly wakens him, and it is not unusual with him to be obliged to rise to apply these compresses every twenty or thirty minutes all night long. He has lost flesh and strength, has little appetite, and is very nervous and irritable. After several drugs had been exhibited without benefit, Amm. c.<sup>cc</sup> (Dunham), in repeated doses for forty-eight hours, cured him in ten days. For more than seven months to the present time there has been no return of the disease.

**DYSMENORRHOEA.**—Miss L. S., age twenty-five, a school teacher, of large frame, coarse fibre, dark complexion, with tendency to adipose, has suffered for three years with dysmenorrhœa. Menses are regular as to time, rather profuse, natural in color, somewhat inclined to be offensive in odor. Leucorrhœa in inter-menstrual period. For the first twelve or eighteen hours of menstruation she has severe cramping pains low in the abdomen, accompanied with nausea, vomiting, and diarrhœa. The bowels move three or four times, usually loose and profuse (she is habitually constipated), but the vomiting continues throughout the first day. Amm. c.<sup>cm</sup> (H. S.), one dose. Two weeks after taking the Amm. c. menstruation appeared at the regular time. One stool at the commencement, freer than usual, but not diarrhœa; slight nausea but no vomiting. She taught all this first day of menstruation, which she had not been able to do before for many months. Six weeks later menstruation normal and painless; no nausea, no vomiting; no further trouble to this time, now more than a year. No report regarding the leucorrhœa was made. She received but one dose of the remedy.

**HEART DISEASE—PALLIATION.**—Mrs. S., age about sixty-five, has had a mitral insufficiency for several years. For the last three months has been confined to her room, and her condition is now pitiable in the extreme. She is unable to lie down, her legs and left arm are enormously swollen, and the abdomen filled with dropsical effusion. The skin of the legs below the knee is dark red, tense, and glistening, while upon the left calf a large ulcer marks the death of tissue from the interference with circulation. A thin, excoriating fluid oozes continually from the



skin of the legs and causes a sensation of burning in the skin. Under medication she has been relieved of her suffering very largely, so that now she complains of no *pain* except the burning already mentioned. But she is nervous, *restless*, sensitive to noises of all kinds, and sleepless. A feeling of excessive "nervousness" causes the restlessness and the sleeplessness, she says, but cannot explain more definitely except that it makes her unbearably miserable. *Beseeching mood*. "Oh! dear doctor, pray *do* give me something to relieve me! You must do something; help me, doctor, for I cannot bear this nervousness." Coffea cr.<sup>cm</sup> (H. S.), one dose, was followed by the most gratifying and ever-surprising relief. The first night after receiving it she slept about six hours continuously, and so quietly that her nurse repeatedly went to her to see if she was living. Several times since she has needed the same remedy, the only one she takes when she evinces a tendency to the nervous state which called for it, and it has never failed to give prompt relief. Her nurse (trained in an allopathic hospital) will not believe that it is not some preparation of Morphine, and wonders that it does not produce the unpleasant features of that drug, which she has so often observed when it has been administered to her former patients.

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## BOOK NOTICES.

**A MANUAL OF MEDICAL JURISPRUDENCE**, with special reference to Diseases and Injuries of the Nervous System. By Allan McLane Hamilton, M.D.; pp. 390. Price, \$2.75. New York: E. B. Treat, 1887.

As, unfortunately, all physicians are liable, at any time, to be dragged into legal squabbles, of one kind or another, this treatise of Dr. Hamilton will be of service to us all. It is simply a concise and well-arranged reference book for lawyers and doctors, with reference to those conditions of the nervous system which are apt to be under discussion in our courts. A large amount of useful hints will be found in this little volume.

## GUERNSEY'S BENNINGHAUSEN.

Dr. William Jefferson Guernsey has issued a prospectus of a new edition of Benninghausen's famous *Therapeutic Pocket-book*. His idea is: "To reproduce the entire work, not in book form, but on slips of paper, each slip bearing the names of one hundred and twenty six remedies given in the book, and opposite those homœopathic to the symptom numerals to designate their value, corresponding to the grade of medicines used in the book. For instance: the figure 4 will indicate LARGE CAPS; 3, SMALL CAPS; 2, *Italics*; and 1, Roman. Remedies that are not recorded with the symptom will have a blank space opposite. Take, for example, the symptom of 'Longing for fruit.' Under this head, Benninghausen gives eight remedies—*Alum.*, *Ant. tart.*, *Chin.*,

IGNAT., Magn. cb., Puls., SUL. AC., VERAT. On the paper representing this symptom will appear the entire list of the one hundred and twenty-six remedies, and opposite *these eight remedies* will be placed numerals to designate their value, as follows: Alum, 2; Ant. tart., 2; Chin., 1; Ignat., 3; Mag. cb., 1; Puls., 1; Sul. ac., 3; Verat., 4, while all the *other medicines* will be *unnumbered*. Now, let us suppose a case to present seven symptoms. These symptoms are hunted out in the index or key, and the seven corresponding papers placed side by side on the table, when a glance across the sheets will show what medicines are given on *all* the papers, and *these alone* are noted. *An addition of the numbers opposite each of these remedies will show which ranks greatest in importance.* Should two or more sum up the same amount the *Materia Medica* must be consulted to ascertain which is the more closely allied to the case.

"It is not expected that this plan can be used with every prescription, but is intended for those cases for which it is particularly difficult to find the remedy."

### TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA. Twenty-third Annual Session.

This volume contains some very useful articles. Especially to be commended are the repertories of urinary and heart symptoms arranged by Drs. Theodore J. Gramm and E. R. Snyder. These are made up of symptoms taken from Hering's *Condensed Materia Medica*. They together fill about one hundred and twenty-four pages, and are *very good*.

More work of this kind is promised in the future by this bureau. All such work is doing good service for Homœopathy.

### PHYSICIANS' COMPLETE ACCOUNT BOOK. Published by G. W. Eschenbach. Easton, Pa.

This is one of the best small account books for visiting or office charges we have seen. It is divided into two parts—a visiting list proper, and a regular account book for making up bills. This latter is indexed, increasing its convenience. Then there is the department of general memoranda. The visiting list is especially useful for homœopathic physicians, as it contains spaces for writing the remedy given any patient at any date. Price, \$1.00 and \$2.25, according as bound.

The same publisher also issues the visiting list separately in a neat little book for the pocket, appropriately called "The Gem." Price, 35 cents.

Received following pamphlets:

HOW THEY WERE CONVERTED. Homœopathic League Tract, No. 16.

### THE HOMŒOPATHIC DOMESTIC INDICATOR.

Fine parts treating respectively on *Materia Medica*, Diphtheria, Croup, Cholera, Toothache, and lastly, The External Application of Remedies. These series of pamphlets were translated from the German by Dr J. Foster, and are published by Dr. Schwabe of the Leipzig Homœopathic Pharmacy.

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## NOTES AND NOTICES.

THE CHOICE OF A DOCTOR.—Hahnemann wrote: "Search for a man of sound common sense, who takes great pains to ascertain the truth of all he hears and says. \* \* \* Before you finally fix on him, see how he behaves to the poor, and if he occupies himself at home, when unseen, with some useful work!"

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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No. 3.

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## CLASS-ROOM TALKS. No. 3.

(FROM THE LECTURES OF PROF. J. T. KENT, M. D.)

How do we tell the symptoms of sickness in babies? Why, every motion baby makes means *something*. You are supposed to know how a healthy baby looks and acts, that all the funny wrinkles and twists he makes, waking and sleeping, are not sickness, just as you are supposed to know the healthy physiological from the unhealthy pathological conditions existing in the adult. When Master Baby continues to cry and cry, unsoothed by any of the usual methods of supplying his wants, something is wrong, and we study him well to find what it may be.

How do we know when baby has earache? He will cry incessantly, and if you are observant you will find he tries awkwardly to put his hand to his ear. Possibly he will wish to be carried constantly, like Cham. and Puls. These remedies usually cover most cases of earache in babies. The Pulsatilla baby will wish to be carried *slowly*. The constant cry will be sad and heart-broken. The Chamomilla baby will need to be carried more rapidly, will show temper and scream lustily. An observant nurse will tell you that he is easier when pressing the affected side to her shoulder while carrying him. Therefore you will say it is better from *heat applied*. Now, what shall we give? Cham.? Right. If he is *agg.* by the warmth gathered by lying upon her breast, what would be the remedy? Puls. Now, suppose the little fellow is good in the open air; is



good so long as nurse keeps him out-of-doors, gently rolling him about? Puls. How may we know when baby has retention of urine? Simply enough—a continual clawing at the genitals, with dry napkins. Suppose baby is constantly pulling at the scrotum, what symptom would you suppose to be present? Formication. What remedy has this symptom? Staph. An adult expresses to you by words what baby can only tell by signs. You must learn to read those signs. One more symptom of this sign language and we will leave the chair of pædology, upon which we are trespassing—baby is continually “elongating the penis.” What remedy? Merc. We have most torturing pains arising from suppressed ear-discharges. I have had under my care the past three years the case of a woman who has suffered from an ear-discharge since childhood. She *had* tried all the doctors of all the “paths” without a cure. Each had given promise of speedy relief, and had begun with local treatment, always with the result of suppressing the discharge, but bringing on a most frantic neuralgia of scalp and head. She has been a terrible sufferer. Has had necrosis of the bones of the ear, with watery, briny, sanious, offensive discharge. Since beginning treatment homœopathically the character of the discharge has improved, she suffers less than in years before, has much more comfort, and in three years more I hope to have her in so healthy a condition that her life will be tolerable to herself and her friends.

In all discharges it is nature’s effort to rid herself of abnormal conditions, or, better still, to make such expression of the sick-making power within as may lead you to her relief with an appropriate remedy selected according to the only law of healing. Check this expression, and you may bring about the most terrible suffering, if not *death*. If you are an ignoramus you will call the new suffering another disease.

You will be called upon to treat certain conditions that arise, in themselves *unpleasant*, yet not actually *painful*; and let me warn you now that if you suppress without homœopathically curing, and have sufficient brain to see the results of your interference, you will curse the day you ever gave a dose of medicine. From Silicea—of which drug I have read you the manner of preparation for homœopathic use—vegetation, grain, corn, etc., and inanimate nature, as in the rocks and sands, receive that shining smoothness, the glazing, as of the cane, which, like a varnish, protects them from the destructive action of heat and moisture and adds strength, toughness, and elasticity to their fibre, giving to the plants their uprightness and resistance to

wind and storms, those qualities without which they would be short-lived and useless.

In the human family we find the analogy perfect. The toughness and elasticity of fibre, the external polish and softness of finish in both hard and soft structures—all are there. Without Silicea the lime in the bones would be but a friable mass, the hair would lose its glossiness and fineness, the skin its softness and polish, the nails their toughness and smoothness, the mind its strength to do and dare. The whole physical world would fall into distress and decay, uncomfortable beyond belief. Silicea is a necessity to both plant and animal life, and an inability to assimilate it creates an inanition for it, such as we find in provers of the drug. We see the need for Silicea in the similarity of its symptoms to such a condition in such provers and in sick humanity. We find great mental weakness, great physical weakness, a general loss of tone and healthiness of the whole system. This mental debility of the patient leads to fear and shrinking from his ordinary duties, a dread of undertaking new projects, a fear of failing in his customary field of labor, especially when it involves an appearance before many people; yet, place the patient in a position in which he could no longer avoid or excuse himself from accepting, and he nerves himself to action, going through the work gloriously. Silicea corresponds to mental conditions found among men of public life, lawyers, bankers, men of affairs whose mind has long been kept tense and unyielding, until at last nature gives way, and brain-fag, preceding softening, is often the result.

Within four-and-twenty hours I have been paralyzed with astonishment at a question put to me by a homœopathic (?) doctor. "Where," said he, "did you find *your* idea of teaching the red-string of the remedy?" Not know the source from which I obtained the drug-picture, the "red-string" that I taught daily in college! Where had he been? What had he read, not to know that Hahnemann's *Chronic Diseases* contains the most beautiful word-pictures of drugs that have ever been written or spoken? *I cannot do as well.* I wish I could—could give such glowing pictures of each drug in its effects and modalities as Hahnemann, with his clear perceptions of the drug in its beautiful entirety. A homœopathic doctor to ask a question like that! Why, Bönninghausen named it the "red string" years ago, named the drug-picture that Hahnemann wrote out. The sailors on shipboard learned to know good English rope by the interwoven "red-string" which extended its length. The "red-string" gave character to the rope, and it was reliable

rope. I suspect it is much so with the remedies; the ones in which you see the "red-string" prominently will prove to you reliable.

No worse homœopath ever existed than I when I began its study and practice. I had to begin at the beginning, as you will have to do, and had to put to myself the question of the practice I should follow—whether it should be the old induction method of Hahnemann or that of the so-called *modern* homœopaths and *physiological humbugs*. Hahnemann, as you know, was not the first to mention or discover this existing law of similars; but he did discover the only possible means of applying this *law*, by proving the action of drugs upon the healthy organism, by the dynamization of the drug and the administration of it to the similarly sick, where it became a most efficient remedy. This had occurred to no one. Hahnemann, by his indefatigable industry, proved and wrote out in detail a great number of drugs, doing all more clearly and perfectly than any have been able to do since. I studied both sides of the question, proved Hahnemann's method correct, and to the best of my understanding have followed the law. You may take the same well trodden pathway, but your progress will be greater and you will accomplish more if you begin where Hahnemann ended; for Homœopathy is but in its infancy, and we hardly know the first letters of its alphabet. S. L. G. L.

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## PROCEEDINGS OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER, N. Y., December 15th, 1887.

Dr. T. D. Stow, the President, called the meeting to order at eleven A. M. The following members answered to the roll-call: Drs. T. D. Stow, J. A. Biegler, C. W. Baker, J. B. Voak, A. J. Brewster, W. F. Clapp, W. A. Hawley, R. A. Adams, Allen B. Carr, J. G. Schmitt. Drs. A. V. Hoard and R. C. Grant, of Rochester, were present as visitors and invited to participate in the discussion.

The proceedings of the previous meeting were read by the Secretary and approved.

Dr. T. D. Stow was gratified to see so many members present, and thanked them for the honor conferred upon him by his election as President for the coming year.

Dr. Hawley, as Chairman of the Board of Censors, reported that there were no applications for membership, as the appli-



cation of Dr. True had not been made in proper form, according to the new Constitution, but would report on him at the next meeting. In the meantime, application of Dr. R. C. Grant had been handed in, which was reported to the Society.

Dr. Stow read section 73 from the *Organon*, treating the subject under discussion.

Dr. Hawley—One question is suggested by this article, namely: Is it to be supposed that when an epidemic has assumed the same form, we have to treat all patients attacked by it the same way as the old school does?

Dr. Stow—Hahnemann's foot-note to section 73 covers this ground.

Dr. Brewster—There are complications in epidemics which are not essential to the disease. These are mostly caused by the latent psora, now aroused into action, and require specific treatment. Epidemic remedies may cover ordinary cases, but will not correspond with the complications. I do not believe in "sheet-anchors," as I once heard a physician express himself, when speaking of biniodide of Mercury as the "sheet-anchor" in diphtheria.

Dr. Schmitt—I remember a case of measles, at a time when Belladonna cured most of the cases, where the eruption was only partially developed, and Calcareo carb., indicated by the constitutional symptoms of the child, brought it out fully and cured it.

Dr. Brewster—A case of measles complicated with convulsions, which came on every six hours regularly, Ignatia cured. Indications: First, *regularity* in the appearance of the convulsions; second, *dazed, paralyzed* condition of the patient after the convulsions; and, third, *sudden changes of temper*, from great pleasantness to real ugliness.

Dr. Clapp—What was the cause of the convulsions? The only case I remember ever having lost of measles was the following: A woman, twenty-seven years old, was taken with the measles. Bryonia given according to indications brought out the eruption, and she was doing so well the next day that I stopped attendance. Twelve hours later I was called in great haste, messenger reporting her dying. When reaching the house, which was an hour's ride distant from my office, I found her breathing her last. Shortly before death, hemorrhage from all the apertures of the body, eruption having turned blue two hours before. There must have been something more than the measles in this case.

Dr. Brewster—In answer to Dr. Clapp, I think that the poi-

son of the measles irritated the nerve centres of the child, and thus caused convulsions.

Dr. Hawley—We must expect variations in all these diseases, resulting from the difference in the individualities. Further we cannot go. There seem to be, oftentimes, idiosyncrasies which modify such diseases. Ordinary measles will pass through safely without any medicine. I never lost a case of measles as long as I can remember. If Dr. Clapp had come an hour sooner, *Crotalus*, *Lachesis*, or some such remedy might have done something.

Dr. Voak—In complications of epidemic diseases I am inclined to throw in a dose of Sulphur<sup>2c</sup> or <sup>55m</sup>. I have no remedy for measles, but treat the patient.

Dr. Clapp—Ordinary cases of epidemics will get along without medication, and I give to my families instructions in reference to simple measles, as to regimen and so on, so that they need not call on me.

Dr. Schmitt—There seems to be a tendency with physicians, that the older they grow the less medicine they give. I have come to the point that I prescribe *Saccharum lactis* rather than medicine for a simple, uncomplicated case of any disease.

Dr. C. W. Baker—When graduating in Chicago, I thought I was a homœopath, until I found out I had learned very little of it there. That time I gave the third decimal trituration because I imagined that by going higher I was not giving any medicine at all. Now I give very little medicine and I am well satisfied with the result following this small dosage. I was called to treat a cough, which was so incessant that the patient could hardly utter a word between the paroxysms. This had lasted over six hours. One dose of *Phosphorus*<sup>cm</sup> put her into a sound sleep within half an hour.

Dr. Grant—It has been a serious question with me how much we really do with medicine. I am getting afraid of our remedies, as they invariably will aggravate the case if not properly chosen. I lost one case of measles last winter where there was a complication with membranous croup.

Dr. Hawley—I should shake in my boots for fear of having my record in measles spoiled if I should find such a complication. I have made a rule to keep my patients, whether they are suffering from measles or scarlet fever, in the bed until the time of desquamation is over, and do refuse to treat cases where my orders are not obeyed, and I think that the enforcement of this rule is the keynote to my success.

Dr. Grant—I treated a case of diphtheria last summer in a

child seven years old; there was a thick yellow coating on both tonsils and in the pharynx up to the posterior nares. The tongue was coated with a heavy yellow fur; stringy discharge from both nostrils. One dose of Kali bichrom.<sup>2c</sup> was given. Now, Guernsey says that a case treated with the single dose of the right remedy will never have sequelæ. This case progressed favorably and was discharged after three days. After the lapse of three days more, I was sent for in a hurry. I found the patient white, pale, very restless, thirsty, suppression of urine for twenty-four hours; change came at midnight; heart in a fluttering condition. Arsenic<sup>2c</sup>, one dose, was given and instruction left not to raise the patient from her recumbent position. She died a few hours later, while she was raised very carefully to urinate.

Dr. Hawley—I have had such experiences. I think the remedies had been selected correctly, but the complete loss of vitality caused the formation of heart-clot.

A recess was taken until half-past two P. M. After the recess Dr. Stow read a paper on "Contagious Diseases, Caused by Acute Miasmata, According to Section 73 of the *Organon*."

(Dr. Stow's paper was given in our February issue.)

Dr. Hawley—This paper contains some very interesting points. The ordinary notions of propagation of contagious diseases are untenable. Dr. Stow has come nearer the cause than anything I have heard before. Whatever causes epidemic cannot be measured nor seen by the microscope. While I was a student in Albany, a fellow-student and myself dissected a body under demonstrator Dr. Swinburne late in the fall. In November I came down with varioloid and my fellow-student with confluent small-pox. There were no other cases of small-pox in Albany. My fellow-student got well, went then to Stephentown, and after being there three weeks, a pustule which had formed under his nail he opened by drilling through the nail. He took all proper precaution to clean the instrument and his hands, then he rode eight miles in the country and stopped at a house to deliver a verbal message, without touching anybody, not even leaving his horse, and just twelve days later the lady to whom he had delivered the message came down with variola, and she was the only one that had it. Now, I tried to find out how I got the varioloid and my friend the small-pox, and it turned out, that while we came in contact with Dr. Swinburne, he treated a child having the small-pox. This occurrence impressed upon me the thought that contagion is not caused by a germ, but by a dynamic force, and that the subject



upon which this force acts, must have a peculiar tendency to succumb to its influence and this only corroborates our theory of the dynamization of our remedies. Take an empty phial which has contained once medicated globules and fill it with unmedicated globules and they will become medicated.

Dr. Voak—I have always maintained that contagious diseases can only be contracted by actual contact.

Dr. Biegler—I coincide with Dr. Hawley. A miasm is an imponderable force attacking that person that is ready for it; and this point is very important, as it will explain why one among ten individuals will be attacked by an epidemic and the rest not; and I consider that this idiosyncrasy is nothing but a derangement of the vital force. The more this is deranged, the more severe will be the result of the attack of the miasm, and this again explains why one may recover and the other die, and a third one will only partly recover.

If, for instance, malaria attacks a perfectly healthy person, a dose of China may be sufficient to restore him to health, but the reason why China hardly ever does so is, that there are so few perfectly healthy persons, that most of them carry a latent chronic miasm which starts into life when the body is attacked by any acute miasm. Therefore we cannot cure marsh miasm, or only very seldom, without antipsoric remedies. An example showing how disease dynamis can be carried about, happened in my own family. When my son was sick with diphtheria, a friend of mine, a physician from Brooklyn, called on me, saw the child, and seeing how sick he was, offered to stay. He was taken with sore throat the same night but returned next morning to my home, remained an hour, and then started for home. A week after he wrote that he buried his child, dying with the same kind of diphtheria that mine did.

Dr. Voak—I believe thoroughly in the statements made by Dr. Biegler, and believe that a perfectly healthy person can come in contact with these contagious diseases without contracting them.

Dr. Hawley—I think we will never get rid of contagion until all dead bodies are cremated. A flock of sheep, numbering thirty, was attacked by anthrax, of which twenty-eight died; these were buried in a corner of the pasture they had been kept in, and for the next seven years no sheep were put into this same pasture. After this lapse of time fifteen healthy sheep were brought into this field where the bodies of those dead from anthrax were buried, and in a short time all these fifteen sheep died from anthrax. He also mentioned that a table, old and rotten,

which had been used formerly in a small-pox hospital to put bodies on, spread small-pox in all the families that used its wood for kindling. He further related a case of a lady, after confinement, who expected her mother-in-law to take care of her. Mother did not come, but sent explanatory letter, in which she stated that she had to help another daughter to take care of her children, sick with the measles. This letter was written in the sick-room. The lady who received the letter got the measles and died. A boy was transferred from an orphan asylum in Rochester, where scarlet fever was raging, to a Syracuse orphan asylum. Soon scarlatina broke out there, but the boy himself did not contract it. In one family a child was treated for scarlet fever; after its recovery the doctor ordered all the clothing and bedding burned. A year after, the mother gave birth to a child, and after some time this baby broke out with scarlet fever. There was no scarlet fever in the locality, but rigid research brought to light that the mattress which the child used that had the scarlet fever first had not been burned, according to the doctor's directions, but had been used for the new member of the family. Again this *corpus delicti* was condemned to destruction by fire. Two years later another baby was born, which after some time came down with scarlet fever, and again the old mattress turned up as the cause for this event; but this time it was really burned.

Dr. Schmitt--If the late Dr. R. R. Gregg's discovery of the ultimate life cell be true, and I suppose all of you received his pamphlet on this subject, everything about contagion and the spontaneous outbreak of epidemics, under certain favorable telluric and atmospheric changes could be easily explained. The doctor claimed that this ultimate life cell which he gained from the decomposition of fibrin, if I am right, was indestructible. He exposed it to furnace heat for a week, found it shriveled and dried up, but if exposed to moisture and a certain degree of warmth, it would again revive and be able to propagate itself. The same was the case after long exposure to a great degree of coldness.

Now this cell could also be the carrier of the dynamis of any miasm that had pervaded the body to which it once belonged, and after lying anywhere for years and years, would, if brought under favorable conditions which started it to new life, start also with its new life the dynamis of which it had been the bearer for so long a time. If we then would compare this cell with one of our sugar globules, which is the bearer of the dynamis of a medicinal force, how easy could we explain all those to all ap-

pearances insoluble phenomena that we encounter in the history of contagion, epidemics, and certain miasmatic diseases. Then, of course, cremation would not help us to destroy the miasms, but we should perhaps look closer for that medicinal dynamis which would enable us to fight the miasmatic dynamis.

Dr. Biegler would especially emphasize the point made by Dr. Schmitt, that the ultimate cell was only the bearer of the miasm and not the disease germ itself.

Dr. Hawley compared dynamization with an electrical current, which creates the same electricity in a wire running parallel with the wire charged with the electricity.

Dr. Biegler—We must understand the chronic miasms of Hahnemann before we can treat the acute miasms; if they are not taken into consideration it will lead the practitioner to use material doses. A professor of a college who had had diabetes for a month came under my treatment. I prescribed for the man according to Hahnemann, and not for diabetes, without much expectation, as the patient was pretty low and high in years. But he recovered anyway, after a single prescription. After being well for a few months, an ulcer broke out in one of his legs and he was taken to a hospital in Buffalo, where he was treated according to "scientific" principles, which resulted in his death a month later.

I want to ask the allopaths and their mimickers, why did he get well when he was treated according to the law *Similia similibus curantur*, and why did he die immediately under "scientific" treatment?

Dr. Brewster—Did you use diabetic diet?

Dr. Biegler—Yes; but I have never seen a case that was cured by it alone.

Dr. Hawley—That man was sick and one of his symptoms was that he had sugar in the urine, and I am sure no case can be cured by withholding sugar from the daily food, but if you cover the symptoms with the right homœopathic remedy, you will cure the patient. A chronic miasm underlies all such diseases, and unless a man gets rid of materialism he will never be able to cure his patients.

Dr. Brewster—A man with diabetes was not kept under diabetic diet, but received for his symptoms—among which "Oh! how my back aches!" was the most peculiar—*Lac vaccinum defloratum*, high. In a few weeks he felt better, and had eaten all the time, as he always did. The Doctor further asked whether we should look for the cause of diabetes in the liver, lungs, or brain.



Dr. Biegler—Whether we know this or not is of no importance for practical purposes, but in trying to answer this question we may lose ourselves in speculations and vain theories. As long as we have a law of cure, we ought to be satisfied in curing our patient.

Dr. Clapp—By experiment it has been proven that by injuring certain portions of the brain sugar in the urine has been produced.

Dr. Biegler—We know that an injury to any nerve-tissue will be followed by saccharine urine, but I have had diseases of the liver with sugar in the urine where there was no brain difficulty at all. It only shows we may take up such a subject and never end it.

Dr. Hawley prescribed *Lac vaccinum deflorat.*<sup>cm</sup> in a case of diabetes where there was an enormous quantity of urine voided every day and weakness and lassitude very predominant. Two doses of the medicine were given six weeks apart. Within a week the patient was able to work around in the house, and finally got well. The patient was old Dr. Schenck, of this Society. As to diet, I think a perfectly well man can digest almost anything, and a man must be sick if his food distress him. Therefore I allow my patients to eat anything they relish.

Dr. Brewster—A baby vomiting everything, and having withstood three allopathic physicians and the different kinds of drugged food they had ordered, as, for instance, milk with lime-water, wine, and laudanum, was put on diluted milk and the appropriate remedy, and got well.

Dr. Biegler—We should not become loose in our dietetics, especially in feeding children, and we should always remember that God put in a mother's breast milk, and not oat-meal gruel. People are generally too apt to begin too early to feed their children with starchy food and to withhold milk.

Dr. Carr related a case of diphtheria due to chronic poisoning from well-water. The patient, a young man, had been using the water from a certain well right along, although he had been breaking out into boils, and the working-men, who drank from it occasionally, had been invariably attacked with diarrhœa. This case of diphtheria had at first received local treatment, and died in spite of the most careful homœopathic prescribing. The mother, who took care of the patient, contracted the disease and soon got well under the appropriate remedy, so that the doctor ceased attendance. But, not satisfied with her rapid cure, she used Chloride of Potassa gargle, had a relapse and died.

Dr. Biegler—I have treated a great many cases of diphtheria,

and patients have spit in my mouth, nose, and eyes, but never contracted the disease, which shows that if the idiosyncrasy is wanting there is no contagion. If I find a case that has been treated locally I refuse to treat him.

Dr. Stow mentioned an old-school physician who had even lost all faith in local treatment in diphtheria.

Dr. Hawley, as member of the Committee to report on the death of the late Dr. T. L. Brown, asked for further time. Granted. As Chairman of the Board of Censors, he reported the application of Dr. A. V. Hoard.

Dr. Biegler moved that the subject for discussion at the next meeting be miasms, acute and chronic, according to Hahnemann. Carried.

Dr. J. G. Schmitt reported, as Treasurer, a balance of four dollars and thirty-one cents. Report accepted.

Dr. Biegler—Before adjourning, I want to state the cause of the absence of Dr. E. P. Hussey, of Buffalo. One of his children is seriously sick from the sequelæ of scarlet fever.

Dr. Hawley moved that a resolution of sympathy for Dr. Hussey be passed, and the Secretary be requested to transmit such resolution to the Doctor. Carried.

The meeting adjourned, to reassemble in Dr. Hawley's office, at Syracuse, on the third Thursday in March, 1888.

JULIUS G. SCHMITT,

Secretary.

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## THE PROCEEDINGS OF THE ORGANON SOCIETY OF BOSTON.

REGULAR MEETING, JAN. 12TH, 1888.

Dr. Wesselhoef said that before the reading of the *Organon* began he wished, if it were the pleasure of the members, to speak of the prevalent bronchitis and of a very interesting case of puerperal fever to which he had been called in consultation.

In the bronchitis he had found *Alumen* indicated in a number of cases, characterized by a scraping from the upper sternum to the throat, with a free expectoration of thick, yellow mucus, paroxysmal cough, morning cough with gagging, aching in chest and in the lower part of the back in region of lower ribs.

The catarrhal symptoms which preceded the cough were running at the nose and sneezing, relieved in the open air. *Cepa* would help but not cure, and the cough would then come on.

A curious thing was the scraping in chest with the profuse expectoration, for scraping coughs were usually dry.

He then reported the following case of puerperal fever with treatment before he was called in consultation. The patient was a primipara, very slight and delicate. Labor was normal, lasting twenty-three hours; child born at eight P. M. Friday, weighed ten pounds. There was a slight rupture of the perineum; stitches were taken and compress of *Calendula* applied. Patient went to sleep at midnight; slept until morning.

*Saturday*.—Very comfortable; pulse and temperature normal, but only slept two hours at night.

*Sunday*.—At evening patient had great thirst, face hot and pale, feet cold, uterus much enlarged. Temperature, 102.2. *Acon.*<sup>6x</sup> was given and gentle friction was made over uterus.

*Monday*.—Six A. M., pulse and temperature normal; abdomen somewhat tympanitic and sore; lochia slight and offensive. A cool compress, wet in very dilute *Arnica*, was applied to the abdomen with great relief, and a vaginal douche of warm *Calendula* water brought away a large clot, half-past six P. M.; temperature, 103.4. *Bry.*<sup>30x</sup> was then given on the following indications: Quiet, drowsy, very dry mouth, with thirst for large quantities; soreness of epigastrium, impeding respiration, and stitching pains beneath the lower ribs on deep inspiration; abortive hiccoughing respirations; awaking from sleep; tympanitic distention of abdomen.

*Tuesday*.—At four A. M., copious vomiting of a dark, sour fluid, continuing for two hours; especially excited by motion. Morning temperature, 99.6; pulse, 92; condition about the same; lochia slight. A red spot was now observed on abdomen on the right of umbilicus about as large as the top of an ordinary tumbler. No sensitiveness to touch, no itching or burning. Evening temperature, 102.4; pulse, 107; abdomen much distended and sensitive. During evening and night two involuntary stools, brown, liquid, and undigested.

*Wednesday*.—Three A. M., vomiting like that of previous morning returned, lasting two hours. Seven A. M., temperature, 101.5; pulse, 92; red spot on abdomen increased to size of man's palm; it now involved the umbilicus. The *Arnica* was discontinued from the compress.

Cold drinks now seemed to aggravate the abdominal and gastric symptoms, while warm drinks relieved. On this indication, and with extreme sensitiveness of the umbilicus, *Ars.*<sup>30x</sup> was given. Patient being worse in a few hours, *Ars.* was stopped and *Bry.* resumed. Evening temperature, 101.8; pulse, 103.



Stools continued, especially evening and night, preceded by rumbling in abdomen, more in right side, and griping pain in rectum. Stool sudden, forcible, involuntary.

*Thursday.*—Temperature, 99.6; pulse, 91; red spot on abdomen increasing, extending toward the left; great distention of abdomen, pointed at umbilicus, flattened toward right hypochondrium; extreme thirst and dryness of mouth, can hardly speak; lower lip swollen, dry, and cracked, mouth and tongue sore; stools more frequent, quite yellow. On account of aggravation from three P. M. to three A. M., and deep red color of face, Bell.<sup>30x</sup> was given toward evening in water. (All the preceding remedies had been given in water also.) Evening temperature, 102.8; pulse, 110.

*Friday.*—One A. M., on account of temperature not declining as usual, the Bell. was stopped and Bry. resumed, and in two hours temperature fell from 101.4 to 100.3; at daylight was over 102. General condition worse; soreness of mouth and tongue extreme; yellowish, painful lumps on border of tongue size of a split pea, also on inner surface of lower lip; lips cracked and bleeding; red spot on abdomen increasing in size. Urine had been drawn by catheter since birth of child; no desire to pass it. On account of pain in abdomen a hot compress was applied instead of a cold one with relief.

Dr. Wesselhœft was now consulted at his office. He confirmed the choice of Bryonia but advised its disuse for awhile. He called in the afternoon, took off all compresses and local applications, and gave one dose of Bry.<sup>cm</sup>, dry, and allowed a little scraped apple to be given, which the patient craved. From three P. M. there was a great increase in number of stools, averaging about one every half hour until three A. M. Stools copious, bright yellow, of creamy consistency and quite offensive, accompanied by flatus. Patient complained that the discharge "felt like hot water." Only a slight trace of the lochia and that very offensive. Highest temperature, 102.8; pulse, 142.

*Saturday.*—Temperature, 101.6; pulse, 130. No marked change; patient weaker; bowels quiet during day, except frequent passage of offensive flatus. Dr. Wesselhœft called in the afternoon and prescribed Aloes<sup>cm</sup> in water every three hours on the following indications: Abdomen conically distended and tympanitic umbilicus projecting. Erysipelas covering abdomen to size of two hands; patient intensely thirsty, craving large quantities, but satisfied with a few swallows. Diarrhoea the same as above, preceded by desire to pass flatus, which was accompanied by stool. *Both stool and flatus felt hot to the patient.* Desire for scraped apple.

The evening and night were marked by the same increase in stools as the preceding night, but now more frequent and copious than before. Stools involuntary, and following each other in rapid succession. Highest temperature, 103; pulse, 140.

*Sunday.*—Lowest temperature, 100.2; pulse, 120. Patient much reduced by the exhausting discharges of the preceding night.

Morning temperature, 100.2; pulse, 130. Dr. Wesselhøft came early and gave China<sup>cm</sup> in water every three hours on the following indications: Stools very offensive, with flatus painless, copious, *aggravation at night*. Burning thirst, but frequent small quantities sufficed; appearance of great exhaustion from frequent copious discharges.

During the afternoon slight general improvement. In early evening several small stools, *most of them under the patient's control*; none at all after midnight; night much more comfortable; passed water without a catheter, which she had not done since the birth of the child. Evening temperature, 102.4; pulse, 130.

*Monday.*—Decided improvement; lochia returned; somewhat offensive. Morning temperature, 99.6; pulse, 100. Abdomen much less tense and less sensitive; redness on abdomen fading; patient taking two quarts of milk a day and wanting more. Remedy discontinued Monday evening; patient had had eight doses. Evening temperature, 100.8; pulse, 120.

The condition of the patient steadily improved, and by Wednesday the temperature was normal and pulse 107. No stool for eighteen hours, and the last was somewhat formed and under perfect control, as they all had been since Sunday evening. Abdomen distended, but quite soft, and bears deep pressure without pain; tongue is moist and the sore lumps are disappearing. The patient sleeps quietly most of the time, only waking to wonder if it is not time for her milk.

The lochia became intensely offensive, but the patient was improving all the time and did not notice the odor herself. No remedy was given for it, and in a few days it all passed away.

There was an interesting discussion of this case. Dr. Wesselhøft said the *Calendula* compress was not unhomœopathic if no remedy was given internally, but the *Arnica* compresses on the abdomen and the vaginal douche were mistakes. In regard to giving a single dose or repeated doses, it would depend on the case and on the remedy given. In severe cases the remedy would be given often. The *China* was given eight times and then stopped; *Aloes* was given every three hours for a day, although she got worse; he thought then it might be an aggravation; he would not change a remedy under twenty-four hours after select-

ing it with care, and Aloes certainly seemed indicated. The case may have needed Bry., Aloes, and China to cure it; at all events, he did not think the Aloes a mistake, but it was a mistake to leave the Bry. and give the other remedies, Ars., Bell., etc.

Dr. Bell said he thought there was as much importance in knowing how to use the remedies as in knowing the *materia medica*. He often met men who could talk very well about the *materia medica*, and seemed to know something of the remedies, but when it came to applying that knowledge in practice they would alternate or change the remedy two or three times in the twenty-four hours, so that the indicated remedy would have no chance if it was used. The great thing was, after having selected a remedy with care, to wait for its effect and not to change too quickly.

In regard to the offensive lochia, Dr. Wesselhœft said the odor was so bad that it was almost impossible to remain in the room with the patient, but she lay there perfectly happy, asking for more milk. He certainly would not interfere with the action of the China as long as the patient was improving. The odor, if it persisted, might call for a remedy later, but it would probably go off in a few days, meantime he allowed no injections or disinfectants of any kind to be used.

Dr. Bell said the old school would probably say that the whole thing was due to not using a bi-chloride solution in the first place to effectually clean out the uterus and vagina, but he thought this method of procedure had already caused too many deaths, and had no more effect in preventing puerperal fever than absolute cleanliness would.

The reading of the introduction to the *Organon* was then commenced, beginning at the twenty-fourth page, and continuing to foot-note twenty, page twenty-nine. It being late, there was not much discussion.

In regard to ailments from fury and anger, Dr. Bell related a case of colic where Bell. seemed indicated, but did not relieve. On finding out, however, that it came on soon after the patient had been very angry, Coloc. was given and relieved very quickly, although it was not a typical Coloc. colic.

In regard to Hahnemann's remark on page twenty-eight, that nature often furnished superabundant osseous matter in the repair of fractures, Dr. Bell said that until recently a callus was thought necessary, but now it is found that there is no callus formed if the bones are kept perfectly still.

Adjourned to January 26th.



## REGULAR MEETING, JANUARY 26TH.

Dr. Wesselhœft spoke feelingly of the death of Dr. Lippe, which he announced to the members present. He said that Dr. Lippe was a student of his father's and of Dr. Hering. They organized Allentown Academy, the first homœopathic school in the country.

Dr. Lippe practiced first in a small town in Pennsylvania.

About 1846 he went to Philadelphia and assisted Dr. Hering in his practice, which had grown very large, and on account of the death of his partner and brother-in-law, Dr. Hussmann, Dr. Hering needed some one to help him. At this time Dr. Hering brought the first high potencies from Europe. These were Jenichen's potencies, and Dr. Lippe was the first to teach us how to use them. He was thoroughly imbued with the spirit of Homœopathy; he never compromised, and was one of whom it could be said, "He never deviated from the law." Dr. Wells and Dr. Bayard are about the only ones now left of the pioneers of Homœopathy in America.

The reading of the introduction to the *Organon* was then commenced. At the twenty-first foot-note Dr. Wesselhœft spoke of a case in which old Dr. Warren, of Boston, made an issue in the leg of a lady with some chronic trouble. It afforded relief for some time, and she kept it open by means of peas, not daring to let it heal, for Dr. Warren told her if it did heal she would die. Dr. Warren died, but she kept it open for thirty years. Finally she came under Dr. Wesselhœft's care for an injury, and the issue healed; the old lady forgot all about it and lived for some time after. In regard to Hahnemann's statement that if a symptom is destroyed without being cured it comes back worse than ever, Dr. Wesselhœft said a patient came to him for treatment for headaches. She had been using bromo-cafeine with apparently good results at first, but the headaches gradually became more severe, and the more she used of the bromo-cafeine the worse they were. So she finally stopped its use and was cured homœopathically.

In regard to the suppression of external eruptions several interesting cases were related.

Dr. Wesselhœft spoke of a young married woman with facial acne which appeared after the birth of the first child. She could not wait to have it cured, but it must be got rid of at any cost, so she went to an allopath to have it smeared away. Sometimes such things cannot be smeared away for a long time, but in this case it was accomplished in a short period, and the patient's face

was perfectly smooth, but in three weeks she began to cough, and in three months she was dead. Of course, the allopath said it was not due to the smearing; he called it "quick consumption."

He also related another case which occurred last year. A lady after the birth of her first child had a few warty growths on her back and arms, high, elevated, red nodules. These disappeared without treatment. Several years later, after the birth of the second child, she was covered from head to feet with soft, elevated papillæ vascular and smooth, most profuse on the legs and thighs. She had been to all the dermatologists in New York, and they had never seen anything like it. She came to Dr. Wesselhœft. He told her it was evidently a warty growth and surely sycotic in its nature. She was perfectly well, and before beginning treatment thought she would see what the dermatologists in Boston had to say about it. Dr. W. warned her of the danger of letting any one put anything on it, and said if it were suppressed it would probably kill her.

She went to a dermatologist, who told her he had seen such things very often, in fact, had had it himself, and she was persuaded to undergo a course of smearing. Green soap and mercurial ointments smeared the whole thing away, but in a few days facial erysipelas came on and she died in a very short time. They found sugar in the urine a short time before death and said she had diabetes mellitus, the sugar being probably caused by the mercurials used. The whole thing, from the time she saw Dr. W. in his office until she was dead, killed by smearing, was only about three weeks.

Dr. Winn spoke of the case of an old lady with paralysis of the left side from cerebral hemorrhage. She gradually improved, and an eruption developed all over her body with much itching. The more she itched the better she got, and she recovered the use of her arm and leg so that she could get about quite well. Because she couldn't sleep very well on account of the itching, her physician, a so-called homœopath, prescribed a zinc wash. The next day the eruption had all disappeared. In the afternoon she had another cerebral hemorrhage and died that night. Think of it! This was done under the guise of Homœopathy!

Dr. Wheeler spoke of a case where the suppression of an eruption on the legs of a young lady caused a tubercular peritonitis, from which she died in a few weeks.

Dr. Bell spoke of how often we found people, even now, taking gentle laxatives right along, small doses of salts, etc., in order to "keep their bowels open," and they will take Jaborandi

to produce a sweat. He said that homœopathic people often take Aconite to get up a sweat. 'People should be told that a sweat is not necessary for the cure of a cold or any disease. Patients often have a profuse perspiration without relief, and they are very often relieved without any perspiration.

Dr. Wheeler spoke of a case where the family had been trying to "sweat" a patient without success, but after the second dose of Phos.<sup>30</sup> there was a profuse perspiration.

In regard to plugging for nose-bleed, foot-note 24, Dr. Wesselhœft spoke of a case of nose-bleed that lasted a week, not a profuse bleeding, but never stopping and worse at times. Crocus at last cured after several remedies had been given without effect. The patient was a delicate woman with a chronic cough, and Dr. W. refused to stop the bleeding by plugging, although entreated to stop it by any means whatever. A short time after another lady on the same street had an active nose-bleed plugged by an allopath and died of apoplexy in a few days. Dr. W.'s patient then made up her mind that worse things might happen than to wait and be cured homœopathically. She would probably have had some serious lung trouble if the nose-bleed had been suppressed.

Dr. Wesselhœft also spoke of a case of paralysis of one and a-half years' standing. The patient, an old lady, had recovered sufficiently to walk about a little but could not talk much. She had a chronic heart difficulty which interfered with her lying down and caused her great discomfort in breathing; finally she became so much troubled with it that she couldn't lie down at all. At this time a nose-bleed set in; it was not very severe and Dr. W. let it bleed. It bled for twelve hours and then stopped. After that she could lie down with no difficulty in breathing, and this relieved condition continued for some time. It should be stated that Dr. W. had given this patient a remedy a day or two before the bleeding came on and looked upon the bleeding as a curative action, as it probably was. *Dr. Wesselhœft said it was always better to do nothing than to do wrong.*

Dr. Wheeler said that when he was at the Harvard Medical School Dr. Calvin Ellis gave no remedies to his typhoid patients, but kept them on a milk diet, and had much better success than when he used to keep them full of drugs.

Dr. Wesselhœft said that in a New York hospital, even now, they give each typhoid patient, on admission, a Calomel purge, and the last report in a journal just received gives eight deaths out of thirty-six patients, twenty-two per cent. They try to explain it by saying that more moribund patients had been admit-



ted than usual. There was no doubt about their being moribund after being subjected to such treatment, and this is the acme of present "medical science!"

Dr. Bell said that he believed any acute disease under allopathic treatment was of longer duration than if left alone. An ordinary tonsillitis under the swabbing and gargling regime is usually from ten days to two weeks in recovering; if left alone it recovers in five or six days; if the homœopathic remedy is given the whole thing is over in two, three, or four days.

In cases that have been drugged severely Nux is not always indicated, not after iodides or bromides; Hepar after bromides, Nux more for the effects of purges and cathartics.

Dr. Wesselhœft said the allopaths talk a great deal about the expectant treatment, that it is much better not to give any drugs, but allow plenty of fresh air and light and pay particular attention to diet. None of them do it, however, although they would probably get better results than they do at present.

Dr. Jameson spoke of a case of deafness treated locally. The deafness was entirely relieved, but brain symptoms soon ensued which necessitated the patient's removal to the Somerville Asylum. As the mental difficulty improved the deafness returned, and when he was in a condition to leave the asylum he was as deaf as he was before he was bungled with.

Adjourned to February 9th.

S. A. KIMBALL, *Secretary*.

## PROCEEDINGS OF THE HAHNEMANN CLUB OF TORONTO.

Regular meeting of the Hahnemann Club opened at half-past eight P. M., Wednesday, February 1st, the President, Dr. Hall, in the chair. After reading of the minutes of last meeting, the news of the death of Dr. Adolph Lippe was received in sadness by the Club, and it was therefore

*Resolved*, That in the death of Dr. Lippe each member feels that he has lost a teacher and (in common with *all Hahnemannians*) a personal friend; that our tenderest sympathy is extended to his family in this, their bereavement, and that this tribute to his memory be placed on our records. The following papers on Post-partum Hemorrhage were read: \* \* \* \* \* Remedies for consideration next meeting are: Cinnamomum, Phos., Puls., Sabina, Secale, and Ustilago.

J. D. TYRRELL, *Secretary-Treasurer*.

## REMEDIES FOR POST-PARTUM HEMORRHAGE.

## IPECACUANHA.

The above medicine and the disease for which it is named were given me by the Hahnemann Club, of Toronto, with the request that I would write on them an essay. In beginning I may remark that while all Hahnemannians believe in the totality of symptoms as furnishing the only guide for selection of the remedy, it is not so well known that it is not merely the *totality* that we require, but a *totality of characteristic symptoms*, for it is well understood that not unfrequently there will be a totality among two or three different remedies, and which then to choose with confidence is the knowledge which we most want.

As an illustration, and that my meaning may be better understood, let me refer to some, say two, remedies as confirmatory—for example, the œdema of Kali carb. and of Apis mel., both of which are very much alike. We have in each bag-like swellings above and below eyes, swellings of the face, hands, and feet, which by careful analysis will give us differences sufficient, perhaps, on which to prescribe; but if we possess some *characteristic conditions* of each remedy, the minor examination, which takes much time and is often a source of trouble to the busy practitioner, may frequently be avoided. The characteristics of the remedies referred to are, mainly, that *Kali carb. is a chilly remedy*, the patient, with very rare exceptions, seeking warmth, while that of *Apis mel. is usually the opposite*, almost every one under its influence desiring and seeking cold, cold rooms, fresh air, etc., the knowledge of such symptoms often enabling the practitioner to prescribe both rapidly and with accuracy—no small acquisition by our school. The object, then, of this paper will be very briefly to show, in *cases of emergency*, how a few prominent symptoms will often be of the greatest service, in the light of which conditions Ipecac. will be treated lastly.

CASE I.—I was called suddenly to see a Mrs. —, a young, sanguine woman, threatened with miscarriage at the third month, and was no sooner in the room, than, observing that the pains were both frequent and strong, was ready to fear that the threatened loss was beyond my ability to arrest, and promptly making an examination, found, very much to my surprise, that the womb was perfectly intact, not apparently disturbed by the terrible pains which were going on. I waited awhile and then made another examination, the pains being severe, and during the latter of these I learned that the *abdominal walls were doing*

*all the work*, so that I had difficulty in preventing the uterus from being pushed through the vulva, which could only be prevented by very firm counter-pressure with the hand. Fortunately for my patient (who had all confidence), and also for her physician, I had been reading Hering's *Guiding Symptoms*, and there noticed under "Female Sexual Organs" of *Amanita* or *Agaricus musc.*, "*Awfully bearing down pains, almost unbearable,*" nothing being there said that they were *merely abdominal*, but knowing my patient as being *sanguine and very sensitive to cold*, prescribed on these two symptoms, giving one dose of *Amanita*<sup>59m</sup> (Fincke), which quickly and completely arrested the pains, the patient making a very rapid recovery. In this case one was called upon to act promptly; indeed, any failure would soon have taken her from my hands.

CASE II.—I was called by a professed homœopath to visit a lady who was in premature pains of the seventh month, and which could not be arrested. Being left alone with my patient, and supposing from the examination that her case was beyond the power of medicine, the os having enlarged and pains steady and severe, I had made up my mind for a night of it. While conversing with my patient I learned that she had suffered from a severe fright during the day. I at once thought that such a complication had better be out of the way, and gave her a dose of Opium<sup>2o</sup>, when, to my surprise and pleasure, the Opium so removed the *cause* of her malady that the pains soon ceased, and I went home, she going her full term. Of course, all homœopaths know that we have no remedy so frequently indicated in recent frights as Opium, it being a characteristic symptom of this remedy, to know which, though only giving us a single characteristic, is to prescribe correctly.

This subject is voluminous and might be pursued *ad libitum*; one thing is certain, that the characteristic conditions of aggravation and amelioration should be the study of every physician, on the attainment of which no labor can be too great, where I may well mention a little work on this subject by Dr. E. J. Lee, well worth its weight in gold to all the busy men of our school.

Let me, then, proceed with the subject of this essay, *Ipecac.*, which I will do very briefly in accordance with the cases named, wishing mainly that it shall be presented in its *salient* points, enabling every practitioner to give it without fear when needed. Bearing in mind the foregoing, let us look at *Ipecac.* in their light (*i. e.*, aggr. and amel.), which can also be best conveyed by illustration.

CASE III.—I attended Mrs. — in labor, which went through



naturally ; the placenta discharged, the uterus contracted, and all apparently doing well. I was about leaving the house when my patient, a stout woman, exhibited a great and ominous paleness of the face, and very soon after this (almost immediately), nausea and vomiting ; so, quickly placing my hand over the uterus, which not being found, I was led to look below, and found that the womb had suddenly expanded, while the vessels were pouring out *bright red blood* in profusion. I immediately inferred, from the terrible loss which was going on, that my patient could hardly live more than ten minutes unless she could be promptly relieved, and to call in aid at such a moment was impossible. I had then only two symptoms, but they were invaluable, *nausea and vomiting* and *severe loss of bright red blood*, on which I gave without delay, in pellets (for there was no time to dissolve any), *Ipecac.<sup>2c</sup>*, repeating every five minutes. After the second dose the womb began again to contract and hemorrhage lessened ; the third dose brought a full contraction with an entire cessation of the bleeding. I watched by the bedside a long time but finding no return of these symptoms, finally left, giving directions for good living to make up the loss (which I usually do the first two days), and my patient made a full and rapid recovery. I may add that, having attended this person in subsequent labors, the very same symptoms, threatening speedy loss of life, set in about half an hour after each delivery, and in the last case *Ipecac.<sup>1m</sup>* was used with the same success. Much may be said about this remedy ; all the writer would now observe, is that whenever these two symptoms co-exist, *bright red blood* with *nausea and vomiting*, the hemorrhage will be controlled. Of course, I recommend the medicine high, having tried all. But some who write (so-called homœopathic books) do not know that our remedies manifest their curative effects almost in proportion as they may be triturated or succussed, being very wisely called *potencies* ; but those who do not see these things should be docile and learn, for they are "hidden from the wise and prudent but revealed unto babes."

J. HALL, SR.

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### BELLADONNA.

One of the leading indications for the use of Belladonna in hemorrhage occurring after labor is the presence of bearing down pains, with sensation as if the contents of the pelvic cavity would all be expelled. The blood is usually bright red in color and hot, coagulating rapidly after expulsion ; sometimes it comes away dark and clotted and of a foul odor.

The flow is profuse and expulsion forcible, as a rule. The retention of the placenta is a decided indication for the use of this remedy. It appears to be specially serviceable in counteracting that condition of the uterus in which the contractive force, instead of being properly distributed over the body of the organ, is inclined to concentrate around the os and cervix, leaving the walls lax and the sinuses in a patulous state. We must be careful, however, not to depend entirely on the local symptoms. If we bear in mind the fact that we are treating the patient, rather than the disease, we will not be inclined to neglect the general indications for the use of the drug. These are, as a matter of course, much the same as in other cases, and include, among other symptoms, an exalted state of the mental faculties, sometimes amounting to mania.

Frontal headache, with pressure and photophobia, flushed face, throbbing of the superficial vessels, and full, bounding pulse. These, and the other familiar symptoms usually calling for this remedy, will suggest its use in preference to any other medicine. We must constantly bear in mind the fact that parturition, *per se*, is a natural process, and if the patient were in a perfect state of health would go through its successive stages without any of these dangerous complications; consequently, when hemorrhage does take place to an extent to cause alarm, we have a state of disease to deal with, and in order to conduct our patient safely through the crisis, must search for and apply the simillimum.

It may be argued that such cases as those of placenta prævia are exceptions to the rule. We need only say, that if we have really to deal with purely local conditions, of course, local measures may be called for. But these cases are comparatively rare, and though requiring to be dealt with according to their individual needs, their occurrence does not affect the general rule. That mechanical measures are at times necessary must not be lost sight of, but it is still more important not to attempt to substitute these for dynamic ones when the latter are called for.

HAMILTON EVANS.

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### CALCAREA.

While in most cases of post-partum hemorrhage calling for other remedies we are confronted with active *local symptoms* characteristic of the drug, in *Calcarea* cases there is such a dearth of these signs, we must look to the *history* of the patient,

her *dyscrasia*, for, after all, it is the *dyscratic conditions* that permit such dangerous symptoms to arise.

If we are the family physician we are already cognizant of the facts that her menses have *usually been too early and too profuse* (though *scanty and regular* menses do not by any means *contra-indicate* Calc-carb.); that the least excitement brings on uterine hemorrhage; that her hands chap, and become sore and bleeding from working in water; that she is averse to open air and cannot stand cold, as it goes right through her, and that she is much troubled with cold, damp feet.

If called in for first time we will likely see that our patient has a general tendency to obesity, chest narrow, flabby, poorly developed muscles; she has fearful apprehensions of *death*, misery, and of sad events. Hemorrhage is *profuse and painless*, bright red, and is brought on or aggravated by slightest motion and least mental excitement. She has cold, damp feet; cold, damp legs, which are drawn up; chilliness, with desire for warmth and covering (contra, Secale); profuse perspiration, in bead-like drops, about *head* and shoulders, wets pillow all around head (Sil.); patient is usually better when lying in a horizontal position or head low, China (head raised). Hahnemann remarked, Calc. *peculiarly adapted* to persons whose pupils are *habitually* (in health) dilated. Finally, brethren, let us remember we are dealing with human beings, and not with mythological personalities yclept scarlatina, diphtheria, etc.

J. D. TYRRELL.

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## CHINA.

We are led to think of the above remedy when the patient is of a *swarthy* skin, and the constitution broken down or debilitated by previous exhausting discharges.

Mentally, is low spirited, gloomy, has no desire to live.

*Intolerance of sensual impressions.*

Headaches are of an *intense, throbbing* character. Stitches from one temple to the other. The countenance is pale, livid, or hippocratic.

We find a longing for spirits, cooling things, *roasted coffee*—intense thirst for cold water, *a little at a time but often* (similar to Arsen. alb., but in the latter the water disturbs the stomach).

The abdomen is tympanitic, and is *not relieved by discharge of flatus*.



Darting, shooting pains, generally from right to left, *cross-wise in the hypogastric region*.

In uterine hemorrhages the flow is passive, blood dark, clotted, black.

In connection with such hemorrhage we find the patient fainting and convulsed. Surface of body and extremities cold. The mouth contorted, *fine* ringing in the ears, almost pulseless. She complains of scintillations or black motes before the eyes, or becomes blind.

Desires to be fanned—*gently* (Carbo veg., desire to be fanned *hard*).

In addition, as might be expected, she complains of giddiness, drowsiness, or loss of consciousness.

There are also *single jerks* in limbs and twitching and jerking of single muscles.

In atony of the uterus China frequently affords prompt relief—when labor pains cease from hemorrhage; *cannot have the hands touched*.

The sensitiveness of the patient is very great. She cannot bear the *slightest noise* or *excitement*, while the *slightest touch* aggravates the pain, which is relieved by a *firm, steady pressure*.

This *sensitiveness* of the whole nervous system is characteristic of this drug. In breathing a *puffing* noise is produced.

It is indicated for hemorrhage produced by Chamomile.

EDWARD ADAMS.

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### CROCUS SATIVUS.

Great vacillation of mental mood, from cheerful hilarity to deep depression, or from tender affection to extreme anger, or *vice versa*.

The hemorrhage flows from the uterus in large dark or black clots and string-like masses, or forms into long, string-like masses and large clots as it flows from the vulva; is often offensive, *rarely bright red*.

Aggravated by the slightest motion.

Accompanied by bearing-down pain in back and groins, and sensation of something alive jumping around in abdomen, stomach, or chest. Extreme pallor of face; extremities cold as ice; pulse slow and feeble, or altogether pulseless.

Eyes fixed and shiny.

Foul odor from mouth.

Excessive thirst for cold drinks.

Oppression of chest, with desire to draw a long breath, as in yawning.

Sensation of coldness in back.

Sensation as if the hands had gone to sleep.

W. J. HUNTER EMORY.

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## FERRUM.

When called to a case of labor it should be the duty of the accoucheur to recognize the constitutional state of his charge by careful inquiry relating to her prevailing conditions and ailments during pregnancy, etc., that he may be able to forecast the probability of a happy termination, or otherwise, of the impending event. Valuable indications relating to the selection of the most similar remedy may thus be disclosed to the careful observer before the denouement of post-partem trouble. He will thus, as it were, inform himself of the anamnesis of his case. The Ferrum patient is a cold patient. She presents an anæmic condition, marked by superficial congestion. Pseudo-plethora is the Ferrum keynote. The buccal cavity and tongue are pale and bloodless. She has, doubtless, throbbing in the blood-vessels, and the venous hum may usually be found.

Epistaxis of dark blood may also have been present at times; extreme paleness of face, which becomes red and flushed on the least motion, pain, or exertion. The mental state of Ferrum is characteristic; the least contradiction angers; her appetite is capricious, canine hunger alternating with anorexia; aversion to meat, which disagrees; aversion to eggs, fat or sour food; rest aggravates and continued motion relieves, though beginning to move causes aggravation; much worse at night, and especially after midnight.

Hemorrhage occurring in such a case will be characterized as follows: Copious discharge of partly fluid and partly black and coagulated blood, with pain in the loins and labor-like colic (in China the pains cease from the hemorrhage); in weakly persons, *chilly, with fiery-red face and thirst* (China, no thirst till after); vascular excitement, headache, and vertigo; constipation and hot urine; full, hard pulse and frequent short shuddering.

Ferrum has spasmodic labor pains and dryness of vagina, and is of service in excessive and prolonged labors, and is also adapted to states consequent upon severe and copious hemorrhages marked by pale face of bloated appearance; skin cold, pitting on pressure, especially about the ankles; great lassitude, tearfulness, constipation.

A. B. EADIE.

## PROCEEDINGS OF THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

The regular monthly meeting of the Hahnemannian Association of Pennsylvania was held Tuesday, February the 14th. In the absence of the President, Dr. Preston, the Vice-President, Dr. C. Carleton Smith, occupied the chair.

Dr. Smith read paragraph 275 from the *Organon* and made some remarks upon its tenor, the chief topic of discussion being as to whether or not Hahnemann advised us against giving a large dose of a potentized drug. Dr. Smith thought Hahnemann did warn us against possible aggravations from such overdosing. Hahnemann frequently speaks of giving one or two pellets of a remedy.

Dr. Lee—When Hahnemann speaks of the size of the dose, does he refer to the potency or to the amount of the drug?

Dr. Smith—I understand him here to refer to the size of the dose.

Dr. G. H. Clark—I think he means to tell us that we may give too much of a potentized drug at a dose.

Dr. Lee—Suppose the drug is put into half a glass of water; does it make any difference whether one or two spoonfuls are taken at a dose?

Dr. Smith—As the larger amount of water would cover a larger surface, I believe there would be greater medicinal action, hence more probability of an aggravation.

Dr. R. B. Johnstone—I had recently a letter from Dr. A. S. Kimball, telling me of a case in which Dr. Wm. P. Wesselhøft had given Spongia<sup>cm</sup>. The patient grew worse, so the doctor gave Spongia<sup>cmm</sup>. The patient continuing to get worse, he gave the remedy dissolved in water with prompt improvement. This case does not indorse Dr. Smith's views.

Dr. Smith—As a general rule, more prompt and vigorous action will follow the administration of the remedy in water.

Dr. G. H. Clark, in speaking of treating patients suffering from *acute* or recent mercurial poisoning, referred to the fact that the Mercury was held in the bones, and was therefore constantly being re-absorbed, producing a constant action on the patient for a long time after he had ceased to take the drug. To counteract this the dose of the antidote would generally have to be strong. In treating cases of *chronic* mercurial poisoning, the higher potencies would be the best.



Dr. J. V. Allen asked if cases of acute mercurial poisoning could not also be cured by potencies. He thought they could and would be willing to risk it.

Dr. Johnstone—I once consulted Dr. Biegler, of Rochester, N. Y., in regard to my health. He examined my mouth and advised the removal of all the amalgam fillings, after which there was no difficulty in effecting a cure of my troubles.

Dr. J. V. Allen—Can any one tell me if in his experience the rapid eating away of tissues by a phagedenic chancre can be stopped by the use of the potentized remedy? I know of a physician who would join this Association but for the fact that he fears to give up the use of local applications on these chancres.

Dr. G. H. Clark—I once saw a man having lupus, which was eating away the tissues very rapidly. Lyc. stopped the destruction promptly, leaving a clearly marked line to show where it had extended.

Dr. R. B. Johnstone—In New York State I once had medical charge of a gang of Italian workmen. There I saw a great number of phagedenic chancres and used no other treatment than the indicated remedy in a high potency. Most of the cases called for *Corallium rub.*, on account of the excessive tenderness and bleeding from the least touch. *Corallium* in the 50 M or CM would stop the destructive process in about twelve hours.

Dr. Horace Still, of Norristown, who had been appointed to prepare a paper on a drug, was not able to be present, but sent a paper on *Ambra grisea*, which was read. (See another page for the article.)

Dr. Lee—The mention of falling off of the hair reminds me that Wiesbaden water is a remedy for this trouble. Under its use the hair falls out and is followed by a profuse and rapid growth of new hair. Another great remedy is the onion (*Allium cepa*). Old Hippocrates advised one to rub his bald spots with a raw onion. I would also refer to another symptom of *Ambra*, its profuse urination; the patient passes much more water than he drinks. *Aurum* and *Mercury* have this profuse urination also. It will be found so stated in Dr. Lippe's *Materia Medica*.

Dr. R. B. Johnstone wanted to know what remedies had the sensation as though the object observed were moving before the eyes.

Dr. G. H. Clark—*Physostigma*.

Dr. Lee—The range of vision changing while reading is *Agar.* and *Jabor.* The type seeming to move, is *Agar.*, *Amm. c.*, *Cic.*, *Con.*, *Merc.*, *Phys.*

Dr. Clark offered a resolution that the members of the I. H.

A. be hereafter admitted as *active* members on receiving a unanimous vote. Also that all motions to amend the Constitution be required to lay over one month only, instead of two, as now the rule. Laid over until April meeting.

Appointees for March meeting:

*Materia Medica*.—Dr. Edmund J. Lee; subject, Characteristics of Ten Tissue Remedies.

*Organon*.—Dr. Walter M. James.

*Original paper*.—Dr. J. W. Thatcher.

A letter of regret at his unavoidable absence was received from Dr. Lawson. The preamble and resolutions relative to the death of Dr. Adolph Lippe (which had been adopted at a special meeting and published in the Philadelphia *Ledger* and THE HOMŒOPATHIC PHYSICIAN) were reported. Adjourned.

WM. JEFFERSON GUERNSEY, *Secretary*.

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## AMBRA GRISEA.

(Read before Hahnemannian Association of Pennsylvania.)

I have selected this remedy for my paper, not because I expect to produce anything new, but because I have been recently interested in its study, and hope by enumerating what seems to me to be some of the more characteristic symptoms to provoke a discussion which may be beneficial to the members of the Association.

This substance, according to Hahnemann, is developed in the intestines of the sperm whale, and is probably a fatty secretion from its gall-bladder. It was first introduced by Hahnemann in 1827, and was especially proved by his friend, Count de Gersdorf, from whose provings we get many important symptoms.

### SYMPTOMS.

**MIND**.—Impaired memory; want of comprehension; being obliged to read everything over several times before it can be understood; difficulty of thinking in the morning; in impaired memory, *Anacardium Orientale* compares very strongly, it (*Anacard.*) having impaired memory worse in the morning, better in the afternoon, but his recollections only come to him after he is in need of them: the *Anacardium* patient, however, according to Hering, easily remembers what he reads, while the *Ambra* patient, on the contrary, has to read everything over several times in order to comprehend it. (A number of other remedies have impaired

memory, among which may be mentioned Alumina, Aurum, Carbo veg., Lycop., Rhus, Verat., Zinc.)

Melancholy, with depression and loathing of life (Aurum); great weakness, pain in small of back, and constipation; sleeplessness after business embarrassments (also Act. r.); the presence of other people aggravates the symptoms.

SENSORIUM.—Vertigo, with feeling of weight on vertex; has to lie down on account of vertigo and feeling of weight in stomach.

HEAD.—Congestion to head from music; very painful tearing on top of the head and as if in the whole upper half of the brain, with pale face and coldness of the hands; tearing pain in the left temple up to top of head, on the right frontal protuberance, and *behind the left ear*.

OUTER HEAD.—On the right side of head, a spot where the hair when touched pains as if sore; falling off of the hair.

[COMPARISONS—ALOES. Hair comes out in lumps, leaving bare patches; eye-lashes also fall out; frequent frontal headache.

AMMON. MUR.—Large accumulation of bran-like scales, with falling of hair, which has a deadened appearance, with great itching of scalp.

ARSENICUM ALB.—Bald patches at or near forehead; scalp covered with dry scabs and scales.

CARBO VEG.—Falling off of hair after severe illness or confinement.

FLUORIC ACID.—Itching of head; falling off of hair; the new hair is dry, and breaks off.

KALI CARB.—Dry hair; rapidly falling off, with much dandruff.

PHOSPHORUS.—Bald spots behind the ears.

PHOS. AC.—Gnawing grief changes the hair of the young to gray.

VINCA MINOR.—Hair falls out in single spots and white hair grows there; spots on head oozing moisture; the hair matting together.]

EYES.—Pressure in eyes as if they lay deep; eyes difficult to open in the morning; feeling as if they had been closed too firmly (A. M., also Nicc. and Nit. ac.; in the evening, *Cocculus* and *Sepia*.)

EARS.—Deafness of one ear—crackling in left ear.

NOSE.—Dried blood gathers in nose (nose continuously full of coagulated blood, *Ferrum*). Epistaxis early in the morning.

FACE.—Flushes of heat; jaundiced color of face; spasmodic twitching of face in the evening in bed (A. M. in bed, *Nux. vom.*).

TEETH AND GUMS.—Drawing toothache at one time in right



and at another time in left teeth, by day and at night ; worse from warmth, momentarily better from cold ; not aggravated by chewing and passing off after eating ; bleeding of the gums ; profuse bleeding out of the right lower teeth.

**MOUTH.**—Ranula ; fœtor of mouth ; blisters in mouth ; pain as if burnt ; under the tongue, lumps like small growths, which pain like excoriation ; smarting and soreness of interior of mouth ; on account of pain she could not eat anything hard. (Rasping, smarting pain in mouth when eating solid food, *Phos. ac.*) In the morning on awaking, tongue, mouth, and lips as if numb and dry (sensation of numbness in throat, *Mag., Sulph.*) Tongue coated grayish yellow.

**PALATE AND THROAT.**—Sensation of rawness in velum pendulum palati ; scraping in throat ; accumulation of grayish phlegm in throat which is difficult to hawk up, accompanied by rawness. When hawking up mucus in the morning, almost unavoidable retching and vomiting ; smarting at the back of the fauces when not swallowing.

**STOMACH AND ABDOMEN.**—Frequent empty or *sour* eructations ; when walking in the open air heart-burn with baulked eructations ; heart-burn from milk especially warm milk ; after eating cough and gaping, and a feeling as if food did not go down into the stomach (food descends slowly and gets into the larynx, *Kali carb.* ; food is felt until it enters the stomach, *Alumina, Bryonia, Phosphorus*).

Aching pain in a small spot in hepatic region, not felt when touched ; coldness in abdomen, especially left lateral coldness ; pain in the region of the spleen, as if something were torn off, tension and distention in abdomen after every mouthful he eats, even after every mouthful of fluid.

**STOOL.**—Constipation, frequent ineffectual desire ; this makes him very anxious and the near presence of others is unbearable (near presence of others unbearable while urinating, *Nat. m.*) ; after stool, aching deep in hypogastrium ; itching and smarting in anus relieved by rubbing.

**URINARY ORGANS.**—Urine turbid even when first passed ; urine sour-smelling, frequent urination at night (*Lyc.*) ; burning, smarting, itching in vulva and urethra when urinating.

**SEXUAL ORGANS.**—*Male*—Voluptuous itching on the scrotum (*Staph.*) ; rawness between thighs. *Female*—Severe itching of pudendum, must rub the parts ; discharge of bluish white mucus from vagina, only at night ; preceding each discharge a stitch in the vagina ; discharge of blood between the menstrual periods at every little accident ; stitches in ovarian region when

drawing-in the abdomen or pressing upon it; menses too early and profuse (*Aloes*, *Calc. c.*, *Rhus*, etc.; too early and scanty, *Alum.*, *Silic.*, etc.); constipation with tenesmus in child-bed; abdomen puffed, causing anxiety, and anxiety from the presence of others.

COUGH.—Spasmodic, from tickling in larynx; spasmodic, with frequent eructations and hoarseness; cough, with pain under left ribs as if something were torn loose; night cough from excessive irritation in throat; expectoration yellow or grayish, tough, tasting salt or sour, only in the morning.

CHEST.—Asthma of old people and children; oppression in chest or between scapulæ; rawness in chest; itching or tickling in chest, causing cough (itching behind sternum causes violent, racking, paroxysmal cough, *Kali bichro.*); pain in lower part of right chest, relieved by lying upon it.

HEART.—Violent palpitation; pressure in chest as from a lump or as if the chest were stuffed full; anxiety at heart hindering respiration, with flying heat; pulse quick, feels pulse in body (*Nat. c.*).

EXTREMITIES.—Cramps in hands on grasping; arms "go to sleep" while lying upon them and at other times; tearing in left shoulder joint; twitching of limbs during sleep; limbs "go to sleep" easily; cramps in calves at night (*Sulph.*); tearing pain in left leg; heaviness of lower limbs; sense of contraction in right thigh, limb feels shorter (left limb seems shorter, *Causticum*); left leg distended and blue during menses; itching in interior of soles, not relieved by scratching.

SLEEP.—Coldness of body during sleep; twitching of limbs during sleep. This coldness and twitching often prevents sleep.

CHILL, FEVER, SWEAT.—Chill of single parts; chill with lassitude and sleepiness, relieved by eating (sweat lessened by eating, *Anacard.*); skin of whole body, except face, neck, and genitals, cold (ice-cold genitals, *Sulph.*).

HEAT.—Frequent flushes, worse in evening; sweat profuse every morning; worse on affected side (also *Ant. t.*); profuse sweat from least exertion, especially of abdomen and thighs.

AMBRA is adapted to all ill-natured, nervous, hysterical, lean, and aged persons; to one-sided complaints. It is said to reproduce the itch eruption.

AGGRAVATIONS.—In the evening; while sleeping; on awaking; from the presence of others.

AMELIORATIONS.—From lying on affected and painful side (*Bry.*).

RELATIONSHIP.—*Anacard.*, *Ars.* (asthma), *Act. r.* (night

cough, business embarrassments), *Ignat.*, *Asaf.*, *Lyc.*, *Puls.*, *Lep.*, *Sulph.*, *Verat.* (cough with eructations).

It antidotes *Staph.*, especially the voluptuous itching of scrotum.

SOME VERIFICATIONS.—Aggravation of symptoms from presence of others; eyes difficult to open in the morning, feeling as if they had been closed too firmly; scraping in throat; accumulation of grayish phlegm difficult to hawk up, accompanied by rawness and almost unavoidable retching and vomiting; pain in the region of the spleen as if something were torn off, with a spasmodic cough, with eructations and hoarseness; expectoration tough, grayish mucus, usually worse in the morning; itching behind the sternum, causing cough; tearing in left shoulder joint; twitching of limbs, preventing sleep.

HORACE STILL, M. D.

### A DIAGNOSTIC SIGN OF CANCER.

Dr. Rommelaere found that in thirty-four cases of cancer the daily excretion of urates in the urine decreased steadily until it sank to less than twelve grammes per day, while in twelve cases of round ulcer of the stomach the quantity of the urates amounted to twenty-five grammes per day; therefore, in cases in which the diagnosis is uncertain, the decrease of the urates will be decisive.

DEAR DOCTOR:—The above I translate from the *Zeitschrift* which translated it from the *Journal de Médecine de Bruxelles*, and is a valuable point, if reliable, in the diagnosis of cancer, particularly in that of the stomach.

A. McNEIL.

### ASPHYXIA NEONATORUM.

ACONITE.—Child is hot, purple-hued, pulseless and breathless, or nearly so.

ANTIMONIUM-TART.—Much rattling of mucus; pale, with gasping, pulseless.

BELLADONNA.—Face very red and the eyeballs are greatly injected.

LAUROCERASUS.—Blueness of face, twitching of muscles of face and gasping with rattling breathing.

OPIUM.—Pale and breathless, cord still pulsates.



## ANSWER TO DR. JAMISON'S CASE FOR COUNSEL.

The homœopathic law is certainly never at fault ; the lack of success is due either to the incurability of the case or to faulty selection of the remedy or to bad hygienic conditions, food, etc. And in a case where so much and many kinds of remedies have been taken it is often difficult to select the proper remedy at once, as each *not homœopathic remedy* given complicates the case.

There are in this case three great characteristic symptoms pointing to *Apis mel.* as the proper homœopathic remedy, viz.:

1. Stinging and burning pains.
2. Drowsy, sleepy, and worse after a good sleep.
3. The swelling.

I am positive that *Apis* will remove a great many of her symptoms if not entirely cure. I should give it a thorough trial, beginning with the sixth, perhaps, varying the potency or going gradually higher or lower, according to the result, a *dose morning and evening*, and give *Sac. lac.* as an intercurrent now and then.

Looking more closely into the case, I see that *Apis* covers a host of the lady's symptoms, present and past, as follows :

**NOSE.**—Catarrh (thick, white, or fetid or bloody mucus, deep ulcers on tonsils and palate, causing, perhaps, ragged appearance of larynx by extension of ulceration). Nose red and swollen.

**HEADACHE.**—*Violent pain* in forehead and temples, left involving eye, with pain through orbit.

*Violent drawing pain* from back of neck extending behind left ear, and spreading over left half of head.

*Eyes burn like fire*, lachrymation scalding hot, lids very *sensitive to touch*.

Convulsions, trembling and jerking of limbs ; œdema of the hands.

Walls of pharynx red.

Dyspnœa.

*Burning stinging pains* in the chest (left apex of lungs).

Vision dim (left eye). Violent pain in left knee; limbs swollen and numb; great inclination to sleep, *but cannot from nervous restlessness*.

Worse after a good sleep.

Menses scanty, dark, and clotted.

Dysmenorrhœa, fidgetiness (of feet).

The diagnosis is rather uncertain and difficult without more of the history of the attacks, but looks to me somewhat like "Petit Mal," complicated, perhaps, by allopathic drugging and time. Other remedies may be needed after Apis mel., as the symptoms will call for, perhaps *Actea racemosa* or *Lachesis*, *Stannum*, *Stramonium*, *Theridion*, but Apis should be given a thorough trial first, especially during the interval.

I have treated several young men for seminal emissions with Apis mel. and cured them.

In one of the most intractable ones of them all the symptoms were as follows :

Lascivious fancies, frequent emissions toward morning; the sight of a female or even animals in the streets aroused his passions and caused emissions; averse to company, especially of ladies; frequent headache; lazy, moody, constipated. Priapism, tall and robust, strong, robust, bony frame, etc., etc. Gave *Nux v.* and *Staphisagria* and *Phos.* in different potencies each, without any benefit apparently whatever.

Then complained of backache in lumbar region, better from motion and lying on something hard; gave *Rhus tox*<sup>6</sup> with some benefit, but soon got worse again on stopping the remedy.

Then said he must urinate very often, discharge smarting, especially at meatus. Urine profuse and pale, cloudy; almost constant discharge of a mass like the white of egg from penis; the same backache returned. Gave Apis mel.,<sup>3</sup> a dose three times a day, and reported *well* in three days; then gave Apis<sup>30</sup> for one week more and patient has remained well up to date, although it is nearly two years since treatment.

CHESHIRE, N. Y.

F. H. LUTZE, M. D.

## THERAPEUTICS OF THE THROAT.

### ARUM TRIPHYLLUM.

*Objective. Lividity.*

Mucus: tenacious: with tickling, compelling cough.

*Return of drink through nose on swallowing.*

Swelling: right side: both sides: of region of larynx, causing cough: of tonsils: extending toward nose.

*Ulceration: of fauces and nares, with acrid secretion: deep and angry-looking, with fetid discharge.*

*Subjective. BURNING: with pain all day: at root of tongue: with dryness before midnight: in morning while in bed: with soreness and pain in palate, worse eating or drinking:*

*with scratching and desire to swallow: with stinging: with rawness: of pharynx and glottis: as of something hot, worse during inspiration: in morning while in bed, better after rising: OF TONGUE: WITH SORENESS AND PAINS.*

*Constriction: as if too narrow: with sneezing.*

*Dryness: before midnight.*

*Mucus (sensation of): after midnight, goes lower and lower by swallowing, and is perceived no more after rising in morning: through posterior nares, with soreness.*

*Pain: worse at night: worse coughing: with burning: on pressure: in palate, with soreness and burning, worse eating and drinking: in larynx, constant.*

*RAWNESS (sensation of): AT ROOT OF TONGUE; OF PALATE: with burning, scratching: better after drinking hot coffee: with burning, with desire to swallow.*

*Soreness: at 4 p. m.: with cough at 5 A. M.: with burning and pain in palate, worse eating or drinking: with sensation of much mucus through the posterior nares: WITH BURNING: OF TONGUE WITH BURNING: going from right to left.*

*Stinging with burning.*

*Stitches: left side: with constant desire to swallow.*

*Swallowing difficult: in morning, but without pain.*

*Swelling (sensation of): in soft palate, or swallowing in morning.*

*Aggravation or cause.*

*Afternoon 4 o'clock (soreness).*

*Breakfast, better after.*

*Chewing, while.*

*Coughing (pain).*

*Dinner, after.*

*Drinking, while (burning, soreness, and pain in palate).*

*Eating, " " " " " "*  
*hoarseness.*

*Inspiring, while (burning, as from something hot).*

*Midnight, before (dryness, burning).*

*" after (sensation of mucus there).*

*Morning, (soreness and burning of mouth, lips, and soft palate—hawking of mucus): sensation of swelling.*

*Discharge of mucus from nose. MOUTH, LIPS, AND PALATE SORE. Hawking of mucus.*

*Morning, on swallowing.*

*" 5 o'clock (soreness and cough).*



Morning, while in bed (burning).

Night (pain).

Overuse of voice (hoarseness).

Pressure (pain).

Swallowing (sprained feeling in left maxillary articulation).

“ in morning.

Talking (hoarseness).

*Amelioration.*

Drinking hot coffee (scratching).

Breakfast, after.

Morning, till after breakfast.

“ after rising (burning).

Rising (mucus).

Talking a little (hoarseness).

*Concomitants.*

Bleeding and rawness of buccal cavity.

Boring into nose with fingers.

BURNING OF MOUTH, LIPS, AND SOFT PALATE, WITH SORE-  
NESS, IN MORNING : OF MOUTH, SO THAT THEY REFUSE  
DRINK, AND CRY WHEN IT IS OFFERED.

CHAPPED FEELING OF NOSE, LIPS, AND FACE.

*Chilly over whole body, beginning in vertex.*

*Cold, sensation as if he had taken.*

*Coryza fluent and acrid.*

CRACKED AND SORE CORNERS OF MOUTH.

Delirium at times.

DIPHTHERITIC DEPOSITS COVERING CAVITY OF MOUTH.

Dryness of nose and mouth.

Hawking in morning.

HOARSENESS worse before talking, better after moderate  
use of voice ; worse from overuse of voice in speaking  
or singing ; worse by taking food.

Irritable.

*Mucus, from nose, with streaks of blood and hardened pieces  
in morning : yellow and black from nose during day : CON-  
TINUALLY FROM LEFT NOSTRIL : TOUGH, FROM MOUTH :  
Acrid and ichorous from nose, excoriating inside of alæ  
and upper lip : yellow and corrosive, from nose in diphthe-  
ria.*

OBSTRUCTION OF NOSE, COMPELLING TO BREATHE  
THROUGH MOUTH : odor from mouth putrid. Œdema  
glottidis. *Left side of nose : of nose, with watery discharge.*  
*Pain in left maxillary articulation, as if sprained on swallow-  
ing.*

PICKING LIPS TILL THEY BLEED : *at ends of fingers : at nose : at one spot.*

*Rawness of nostrils :* WITH BLEEDING OF BUCCAL CAVITY.  
Restlessness.

*Salivation, excessive and acrid.*

Screaming.

*Sneezing.*

SORENESS, OF NOSTRILS : OF CORNERS OF MOUTH : of lips and soft palate : *of mouth, so that he was unwilling to drink,*  
AND CRIES WHEN IT IS OFFERED, WITH BURNING : *of left parotid : of mouth, causing sleeplessness.*

*Stiffness of neck.*

SWELLING OF GLANDS OF NECK : OF LEFT SUB-MAXILLARY GLAND : OF BOTH SUBMAXILLARIES.

ULCERS IN CAVITY OF MOUTH.

Uncertain, uncontrollable voice.

*Urine scant or suppressed.*

Wakefulness.

#### *Remarks.*

Aphonia after exposure to northwest wind, or when singing.

APHTHOUS SORE THROAT.

Clergyman's sore throat.

DIPHTHERIA, with putrid odor.

Putrid sore throat.

*Scarlatina.*

Typhoid condition.

Compare Am. mur., Castor., Cep., K. iod., Lyc., Mez., Nit. ac., Sil. (nasal discharge).

Arg. m., Crocus (tongue).

Caps. (throat).

Caust., Fer. phos. (hoarseness).

Merc., Verat. (lips and corners of mouth).

WM. JEFFERSON GUERNSEY, M. D.

### BAPTISIA TINCTORIA.

OBJECTIVE.—Fauces dark red ; dark, putrid ulcers. Tonsils and parotids swollen (*unusual absence of pain*). Putrid sore throat. Ulcers in the mouth. Tonsils and soft palate swollen with constant inclination to swallow, not accompanied by pain. Tonsils and soft palate very red, but not painful. Tonsils and soft palate congested. Diphtheria with dark membrane in the throat.

**SUBJECTIVE.**—Pain and soreness of the fauces. Hot feeling in the fauces passing up into ears; sensation as if had eaten pepper. Scraping and burning; raw sensation in the pharynx, much viscid mucus; copious flow of saliva; dry scraping in the throat when swallowing. Stitches in the right tonsils; pricking in the upper part of pharynx; raw sensation. Tickling in the throat provoking cough; uvula elongated. Sore throat; averse to open air. Mucus abundant and viscid, can neither be swallowed nor expectorated. Mucus rattles in the throat. Constricted feeling causing frequent efforts at deglutition. Throat sore, feels contracted. Throat feels swollen, full (frequent inclination to swallow, causing pain at the root of the tongue). Spits out liquids put into the mouth. Can swallow liquids only, the least solid food gags. Children cannot swallow solid food; the smallest solid substance causes gagging; thus they cannot use anything but milk. Unable to swallow. Paralysis of organs of deglutition. Sore throat extending to the posterior nares; the throat feels sore and contracted. Diphtheria with foetid breath. Ulceration of the throat and great prostration.

**CONCOMITANTS.**—*Stupid and drowsy, can with difficulty be aroused; goes to sleep while answering a question; lies in a stupor; a besotted look.* Nose and cheeks very red. Fan-like motion of the alæ nasi. (Lyc., Phos., Brom., Ant. tart.) Aching all over from the end of the nose to the ends of the toes. Aching deep in the bones. Bed feels as hard as a board. (Arn., Rhus.) Great restlessness, but worse from motion, like Bry. alb. Vertigo on rising from recumbent position, (Bry. alb., Phyto.) Numbness of the face, head, and hands. Numbness of the lips and tongue. The tongue feels swollen. Numbness all over the body. The patient fears paralysis. The pillow feels as hard as a rock. Tongue coated white, later dark down the centre. *The sweat, the urine, the stools all have a foetid odor.*

**REMARKS.**—This valuable remedy has been too often overlooked in diseases of the throat. It differs from all of the remedies in our materia medica. In this respect the *absence of pain on swallowing is very peculiar*, and ought not to be forgotten. It has the horrible foetor often found in diphtheria and ulceration of the mouth and fauces. It has the aching in the back like Phyto., but in Baptisia the aching is deeper in the limbs, as if in the bones. Phyto. has extreme sensitiveness of the throat and tonsils, while Baptisia has the absence of pain. Baptisia has cured ulceration of the mouth, with stringy, ropy saliva, clear and transparent; fully two quarts secreted in the twenty-four hours; so tenacious as to hang in ropes from the



mouth to the floor ; in this respect resembling (Kali bich.). The odor in such cases is terrible and nearly drives one from the room. These symptoms are found reliable in all diseases.

GEO. W. SHERBINO, ABILENE, TEXAS.

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## A CLINICAL CASE WITH APPENDICES.

J. N. LOWE, M. D., MILFORD, N. J.

E. F., a boy, æt. twelve years—residing seven miles distant—was brought to my office by his father, desiring to know the nature of his indisposition. The day was cold, and an icy, damp, chilling atmosphere prevailed.

It required but casual observation to decide the cause of his illness. He had scarlet fever, anginosa, and his symptoms presented a very considerable degree of severity. The characteristic eruption was well expressed; pulse 140; respiration greatly accelerated; throat highly inflamed; deglutition very painful and difficult; breath very offensive; submaxillary glands enlarged; larynx painful; and a bad discharge issued from his nose.

I scarcely took time to consider the ensemble of his symptoms, but hurried his father away with him, and giving him a few powders of Belladonna, I promised to see him at his home the following morning.

When I visited him I found an aggravation of all the most unfavorable symptoms and an amelioration of none in particular, and at once came to the conclusion that the septic influence was becoming rapidly dominant, and that something must be done to change the current of morbid affairs.

I thought of Dr. Lippe's portrayal of physiological and pathological picture books. Having always believed that the excellent doctor's criticisms of these phantom books were at the least practically correct, at the conclusion of this case I had no difficulty in deciding that he is entirely true in his denunciatory dicti of these fanciful volumes.

"The Law" said, Give your patient Lycopodium. Scientific physician (!) and pathologist said, No! do something material. Prescribe from a physiological and pathological standpoint. Beard the lion in his den. You have no time to lose.

Eclecticisim said: Apply kerosene and camphor to the throat; cover it with bacon; use gargles and sprays; administer the most fashionable and efficient antiseptic medicines—in a word,

do all that a Jupiter Maximus should do; thus you will destroy the pesky bacteria b., and all will result—well.

We refused to accede to the dictum of the latter Hercules, rather preferring to give the “very pest remedy” in the materia medica, to wit:—*Sac. lac*—than to become a murderous slayer of indefensible bacteria; as they have never yet to our knowledge done our patients or ourselves any harm. We administered *Ars. iodid.*<sup>6</sup>; at three hour intervals, for twenty-four hours. This remedy seemed to cause a stir in the pathological quarters, and we inferred that it had been of some service, as the nasal discharge was somewhat improved in character and other putrescent manifestations were somewhat modified; but the force of the disease was more than ever concentrated in the larynx, which caused us to change to *Bromium*<sup>3</sup>. The throat was filled with putrid ulcers and foul secretions. Continuing *Bromium* for twenty-four hours, it seemed to produce some amelioration of the laryngeal trouble; however, the key to the arch of morbid symptoms remained intact, and had thus far defied the potency of our art to dislodge it. All that we could claim to have accomplished was that we had checked the enemy in his aggressive march, while he yet continued to flaunt the black flag in our face.

It is strange that it becomes so difficult to suppress the predilections and the promptings instituted by custom and education when they conflict with our better convictions of truth. For centuries it has been taught *ex cathedra*, viz.: that symptomatology should always be regarded as of minor importance, and that it should never be permitted to stand in the way of a venerated system of physiology and pathology, upon which the treatment of all diseases should be based.

The results of this clinical case, which is not in the least exceptional or remarkable, will add one more to innumerable other similar examples which have proved and must ever continue to prove in the same sort of mastery, viz.: that symptoms furnish the only rational reflection and language of disease, including in their ensemble all that is usually prefigured in its most accurate pathology. However, pathology essentially aids us in our diagnosis and nosological classification of diseases and in prognosis; as to the influence, manifested by symptoms, upon normal or abnormal tissue-changes, expectant or actually occurring, and, very decidedly, as to what will be the ultimate result of such changes.

We by no means claim that we can dispense with pathology in the construction of the edifice of truthful, philosophic medi-

cine. We do not present a system of disjointed fractions, but the whole fitly framed and joined together.

Symptomatology, pathology, and therapy are joined hand in hand. Pathological requirements in a remedial sense are squarely met by an accurate interpretation of symptoms, which unfailingly indicate the true simillimum, and as we progress in our accurate measurements our pleasure will increase as we witness the fading out of pathological terrors when confronted by nature's law.

Again, if we desire to engage in orthodox sentimentalism, and in theoretical and empirical romance, we should begin at the other end and fiddle, even if Rome does burn; for by the persistent drawing of the bow (at a venture) we may by and by strike the keynote of the pathological arch, when something similar will happen, and the old axiomatic saying, viz.: that "guesswork is as good as any when it hits," will again and again be revived.

We do not claim that mechanical and chemical morbid causes of diseased action can be removed by dynamized remedies. We trust that we have never yet fallen into such a realm of fatuity. But we do know, and we decidedly declare, that we have time and again routed and dispelled the dreaded diphtheritic germs in apparently malignant cases with the 200th and, still better, with the 1,000th centesimal characteristic similar. Furthermore, this plan has been so satisfactory (for which special thanks are due to Dr. Gregg) that I should never dare to use a low or medium potency, since the medium high has given such gracious results. I do not insert this paragraph as a fulsome or special plea for high potencies, nevertheless, these transcendental friends have kept me on my feet, time and again, in dire extremes, when the central organic nervous system has been deeply invaded by the emissaries of death, in the various examples of disease, after I have sustained defeat and been "knocked out" while wielding implements in the decimal and lower centesimal scales.

Can you blame me, gentlemen, for standing *hard by* my friends?

Truth will not conform to our prepossessed predilections and prejudices. We must accept it as we find it, or be shamed and crushed by it.

To resume our narration: Our patient's throat continued worse on the right side, and was so at the beginning. He objected to cold drinks; the motion of the alæ nasi was valvular; his mind and disposition were tinctured with ill-humor; he awoke from his delirious slumbers unpleasant and cross; his bowels



were constipated. At this stage of his illness he received one powder *Lycopodium*<sup>1m</sup>, dry, and was ordered three more powders of the same, to be taken in the ensuing twenty-four hours.

Tepid sponge-baths were ordered to be repeated from time to time, whenever a high cutaneous temperature, delirium, and restlessness should be dominant.

*Lycopodium* in the 1m quickly changed the complexion of this unpromising case, and a happy convalescence promptly ensued. Farther on a few doses of *Lach.*<sup>1m</sup> was given for cardiac disturbances and weakness. Lastly, a few doses of *Sulphur*<sup>1m</sup> in the process of desquamation.

Four other children of this family contracted this fever in course. One of these had it in the severest anginosa form, in which *Bryonia*<sup>200</sup> proved the true similar. All recovered. We rejoice that with the true, the pure homœopathic simillimum, given high (for we have very little faith in low potencies and in low dilutions in all dangerous cases of disease of dynamic origin, wherein the vegetative nervous system and its centres are profoundly affected and vitally depressed), we may penetrate the enemy's camp, even at the seeming last, rout the life-robbing Barabbas, draw down his ghastly ensign, change apparent defeat into victory, and, the best of all, cheer the hearts and dry the tears of a grieved and affectionate family.

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## LOCAL APPLICATIONS.

D. C. McLAREN, M. D., NASHVILLE, MICH.

The local exhibition of drugs, homœopathically indicated, is a subject that seems to have been neglected almost entirely by the writers of our school. This judgment is based not only on extensive reading, but also upon observation of the practice of not a few fairly good homœopaths, who still cling to allopathic methods and measures in this important respect. A goodly number reject medicated dressings *in toto*, and while theoretically they have, no doubt, the best of the argument, there are enough good and sufficient reasons to bias practical physicians and surgeons in favor of such dressings. Briefly stated, these reasons are as follows: Firstly, the comfort of the patient; secondly, the mental effect on the patient and attendants; thirdly, the possibility of thus administering a second remedy in a low potency for some troublesome local symptom, without interfering with the action of a previously administered internal remedy; and fourthly, the still rarer possibility of thus finding the

most fitting simillimum, *e. g.*, the indicated remedy having failed to cure in repeated doses of differing potencies, the same remedy may possibly cure if exhibited locally. While this forms, to my mind, a valid argument, I grant that it is largely problematical, the only instance in point being the case related by Dr. P. P. Wells, at Saratoga, of a prompt cure by holding a powder of the indicated remedy in the hand, the same drug having been taken in vain for years.

An exception may be taken to my third reason. I will illustrate it by the recital of a case. A young wife was taken with menorrhagia from overexertion; there being considerable fever, with flushed cheeks, headache, full, bounding pulse, bearing-down pains, and flow of bright red blood, the indicated *Belladonna* was given in a single dose, and the patient improved rapidly. A day or two after, she complained of matter (leucorrhœa) escaping from her, which so burnt and irritated the parts that her only comfort lay in continued cleansings. Strictly speaking, this did not form a new indication, as the first remedy was doing its work well, and if uninterrupted might cure this untoward symptom also; but having an impatient husband to deal with, I forthwith made up an injection of *Silicea*<sup>6x</sup> 10 minims to a half ounce of alcohol, a teaspoonful in sufficient water for the purpose. This gave prompt relief from the local trouble, and allowed the general improvement to go on undisturbed.

A fifth argument for homœopathic local applications may be found in the fact of the exceeding sensitiveness of raw and sore surfaces, as affording excellent media for dry administration. How brutally this knowledge is used by the allopath we all know.

The question of potency is one deserving consideration. Until recently all my local applications had been in the crude form as tinctures or infusions, but I was led to try local applications of the lower potencies through a recommendation to that effect in H. N. Guernsey's *Obstetrics*. The results have been so good as to induce me to go further in this direction, and besides the logic of the position is irresistible: If the effective, penetrating force of drugs is heightened in activity by potentization, the necessity for the use of such potencies externally is greater, if that be possible, than the same internally. I will now endeavor to give as concisely as possible a list of remedies, with their homœopathic usefulness externally, with the understood proviso throughout, that other symptoms must agree, and that the topical application of a drug must be supplementary to its internal use, not substitutive.

ACETIC ACID.—Burns and scalds. Stings and bites of animals, even rabid.

After bruises and sprains, when dry heat follows.

VINEGAR.—*Apply freely to lips and nostrils in cases of prolonged unconsciousness from all anæsthetic vapors, and for subsequent drowsiness, dizziness, headache, etc.*

ACONITE.—Burns from alkalies.

Apply compress wet with potency to forehead in cases of sunstroke from direct exposure. Eye wash in inflammation from foreign bodies, cold, and suppressed gonorrhœa. Enema for ascarides; also after each stool in infantile chopped-spinach diarrhœa. As a surgical dressing in grave cases of injury with internal congestions (C. Hg.)

ÆSCULUS.—Anal and hemorrhoidal troubles, as anema, wash or unguentum.

AGNUS CASTUS.—Sometimes indicated in bruises and wounds, sprains, dislocations, and strains from overlifting.

Prevents excoriation from walking. Wash for itching ulcers.

AMMONIA CARB.—Rhus poisoning. Insect stings.

ANACARDIUM.—Rhus poisoning.

ARNICA.—The first application to be made in all cases of traumatism; for this purpose an infusion of the flowers made at the time will be found most generally useful; the injured part may be immersed in a pail or pan of tepid water colored with the infusion. In cases of central concussion, use freely as a wash or douche, or even a bath.

After evacuation of cold abscess, burrowing pus, etc., inject watery solution to prevent further suppuration and septicæmia, varicose and painful ulcers, small painful boils, painful corns, insect stings and bites of rabid or angry animals.

ARSENIC.—Old ulcers, carbuncles, open cancers with agonizing burning pain; a trituration in water or applied dry to the part may give considerable relief and supplement the internal action of the drug very satisfactorily.

BELLADONNA is frequently applied to boils indiscriminately. Should be used only when indicated, and then a potency will be found more efficacious than the tincture.

CALENDULA.—Injuries with destruction of tissue; wounds made by machinery; in lacerated perineum it is invaluable, as with Arnica; keep the flowers on hand and make a fresh infusion when needed.

CANTHARIS.—In burns of the first degree, before blisters have formed, painting with a low potency will give immediate relief and prevent the bullæ rising. In more severe burns and



scalds use higher potency in water, as a soothing and healing dressing. Said to have removed freckles, but this cannot be vouched for.

**CARB. ANIMALIS.**—Painful, stringy scars, crysipelatous swellings, swollen glands, cancers, gummata, with lancinating, cutting, and burning pain. When benign suppurations become offensive.

**CROCUS SATIVUS.**—Painful suppuration of bruised parts. Old cicatrized wounds reopen and suppurate.

**GRAPHITES.**—Old ulcers with fetid pus, proud flesh, itching, stinging. Old scars from ulcers.

**HAMAMELIS.**—The best known application for slight burns. (Lippe.)

**HEPAR.**—Unhealthy ulcers, with bloody corrosive discharge, and painful, stinging, burning edges. Also, after injuries, sores and swellings have been painted with Iodine.

**HYPERICUM.**—Injuries to fingers, toes, and nails. Punctured and lacerated wounds, with great pain. Rat bites: crushed fingers, and whenever the pain of wounds, rheumatism, corns, bunions, etc., is so great as to show injury to the nerves.

**KREOSOTUM.**—Injection for cancer uteri, with acid, putrid discharges, and painful to slight touch. Hard lump on cervix, painful. In severe burns, dilute Creosote water greatly relieves. (Lippe.)

**LACHESIS.**—Carbuncle, purple color, and surrounded by small boils. Malignant pustule. Bed sores, with black eyes; scars break open and bleed.

**LEDUM.**—Punctured wounds from slivers of wood, suppuration following. Stings of insects, especially mosquitoes.

**LITHIUM CARB.**—Barber's itch. Dry, itching ringworm. Syphilitic rash and crusta lactea.

**LIME WATER.**—Burns from mineral acids. (Lippe.)

**MILLEFOLIUM.**—Profusely bleeding wounds, especially from a fall; sprains; soreness from overlifting.

**PETROLEUM.**—Sprains and bruises, burns and scalds.

**PHYTOLACCA.**—Barber's itch, ringworm; cancerous and syphilitic ulcers. Gargle in diphtheria and simple angina.

**RHUS TOX.**—Sprains, chilblains, carbuncles; bluish, gangrenous.

**SAPO.**—Severe burns, with destruction of tissue. Make a paste of castile soap and spread on linen, at the same time giving *Sapo* internally. If the sore becomes putrid and offensive change remedy and dressing to Kreosote.

**SYMPHYTUM.**—Black eye and other injuries of facial bones. Fractures in general.

STAPHISAGRIA.—Mechanical injuries from sharp cutting instruments, hence after surgical operations.

TEREBINTHINA.—Burns and scalds of second degree.

URTICA URENS.—Burns, involving only the skin. Much burning, accompanied by itching.

## CLINICAL NOTES ON CHARACTERISTICS.

C. CARLETON SMITH, M. D., }  
EDMUND J. LEE, M. D., } Philadelphia.

### AGARICUS MUSCARIUS.

MENTAL.—The delirium of Agaricus is characterized by its fury, frenzy, and by the strength displayed (resembling Bell., Canth., Hyos., Stram., Tarent., etc.); seems as if intoxicated. Patient is very talkative; constantly changes subjects; runs quickly from one topic to another. (This great loquacity, constantly jumping from subject to subject, is very peculiar to Lachesis. Stramonium has loquacity of a foolish, silly kind, which seems to amuse the patient. With Sticta the patient feels as though she must talk, whether listened to or not. Veratrum, like Stramonium, has much delirium of a religious nature.) The Agaricus patient talks, sings, etc., but does not answer questions. (The patient does not seem inclined to answer or to talk, though he is not ill-humored. Other remedies have this aversion to talking, but they differ from Agaricus. Thus: Obstinate silence, will not answer, China; will not talk, Phos-ac., Rhus, Sulph.; will not answer, Arn., Ars., Hyos.; permits no one to speak to him, Verat.) Generally solicitous about everything, is now quite indifferent. (Great indifference, Nat-m., Phos., Phos-ac., Puls., Sep.; indifferent to those he loves best, yet is interested and converses with strangers, Fluor-ac.) Confusion, cannot find proper word, uses wrong words, worse after exertion, sleepless nights. Indisposed to mental labor.

HEAD.—Vertigo, reeling as if drunken when walking in open air; momentary vertigo from strong sunlight (also Gels., Natr. c.). Protracted mental work or exciting debates cause vertigo. (Also Amm-c., Arn., Borax, Cupr., Gran., Natr-c., Phos-ac., Sep., Sil. Compare with vertigo from reading, etc.) Fainting after moving head, hearing others talk, smelling aromatics, perfumery, or even vinegar. (From various odors, Sang. The Colchicum patient is *very* sensitive to odors; that of fresh eggs nearly causes fainting.) Headache, chiefly a *drawing* pain,

which extends into root of nose (Ant-t., Glon., Nux-v.), mornings, sometimes accompanied by epistaxis; dull pain, especially in forehead; must move head to and fro and close the eyes (heaviness, relieved by shaking head, Gels.; pain in temple, relieved by moving head, Cina.); pressing in right side of head, as if a nail had been driven in (Ignatia, etc.); worse when sitting quietly, better when moving slowly about (also Kali iod., Puls., and Sulph.: compare with relief from walking); *headaches of hard drinkers*. (Compare with Acet-acid, Asar., Calad., Nux-v., Op., etc.) Agaricus is especially suited for the headaches of those who have symptoms of chorea, or who become readily delirious in fever or with pain; also headaches with grimaces and twitchings.\*

EYES.—Feeling of weariness without having exerted them; sight is dim; flickering before the eyes; range of vision continually changes while reading (also Jabor.); type seems to move (also Amm-c., Cic., Con., Merc., Phys.; on reading by candle-light the lines seem to jump, Bell.); burning in canthi, especially inner; burn and are red, with itching worse from touch; *twitching in eyelids*.

EARS.—Redness, burning, and itching of ears, as if they had been frozen; feels worse from hearing people talk (compare Amm-c., Ars., Con., Mag-m., Marum, Zinc.); every noise causes palpitation. (Natr-p.)

NOSE.—Bleeds in the morning after blowing it (also Brom. and Caust.); epistaxis in old people (also Carb-v.); smell sensitive; vinegar is unbearable (Æth.); dropping of clear water from the nose (Nitr-ac.), without coryza (dropping clear and hot water with coryza is Aconite); offensive and copious nasal discharges; stopped nose, especially when stooping.

FACE.—Lancinating, twitching, or tearing pains; face red and hot or puffy; *twitching of muscles*; paralysis of muscles; one or both corners of mouth drop down and saliva runs out. (Compare with Op., Zinc., etc. Jaws hanging, Ars., Bapt., Lach., Lye., Mur-ac., Op., Secale; trembling, Op.)

MOUTH, ETC.—Mouth dry; odor very offensive; mercurial apthæ on roof and tongue; bleeding gums; jerks in teeth each time he drinks cold water (throbbing from cold drinks, Carb. an.;

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\* (NOTE.—In our last issue, we gave under Æthusa the symptom, "thin stools relieve the headache." Dr. J. E. Lilienthal, San Francisco, kindly sends us the following remedies, all having relief of head after stool: Agaricus, Cornus c., Lachnanthes, and Oxal-acid. In addition, we may add Aloe, which has relief after a *complete* stool, and headache when not so. Ptelea has a headache on waking, passing off after stool.)



tearing, Sars., Staph., Sulph.; tearing ameliorated is Bov.)  
Teeth very sensitive to pressure.

TASTE.—A nauseous sweet; also bitter, offensive, or salty.

TONGUE.—Coated white; tongue tremulous; speech indistinct; soreness, dryness.

THROAT, ETC.—Feeling of dryness, causing contraction; difficult swallowing, with great appetite.

APPETITE, ETC.—Feels better for an hour after eating (Anac.), while he is so exhausted; but great sleepiness remains. Very drowsy after dinner. (Laur., Phos., etc.)

Great hunger, can hardly wait for meals, or much hunger but little appetite.

NAUSEA, ETC.—Eructations tasting of rotten eggs or of apples. Bitter vomit, with stitches in rectum and loin, followed by headache and desire to sneeze. Nausea and vomiting.

STOMACH, ETC.—Cardialgia lasting three hours, after a meal; burning, changing into dull pressure, with nausea. Fullness, pressure, heaviness, etc. From twelve to two P. M., daily, cramp from middle of spine through into stomach; gagging; feeling in legs as if pricked with ice-cold needles.

In loins, a peculiar tensive sensation as if wrenched, less when walking.

ANUS, STOOL, ETC.—Sharp itching in rectum, causes desire to draw upward, but is only relieved by pressing down; biting in after wind passes. *Passes much inodorous flatus.* (Scentless flatus, Agar., Ambr., Arn., Bell., Cann-s., Carb-v., Comoclad., Con. (and cold), Fluor-ac., Hæmat., Lyc., Mang., Marum, Nicc., Nux-j., Phos., Sulph.) Also fetid flatus.

Stool is bilious, grass green; thin, yellow, slimy; pappy, with cutting in abdomen. Diarrhœa mostly in morning after rising; returns after each meal, with rumbling, passage of flatus, and colic. Flatus passed with stool (like Aloe, Arg-n., Gamb., Natr-s., etc.). The pains are before, during, and after stool. Headache worse after stool.

(NOTE.—Stools every morning on rising, etc., is a symptom found under Æth., Calc., Lyc., Natr-s., Nux-v., Oxal-ac., Phos., Psorin., etc. With Aloe and Sulphur the patients are driven out of bed by urging to stool. Cistus and Rhus have this symptom also, but not so characteristically. Oxal-acid has a dark stool at six A. M., with twisting pain in abdomen, and, like Cistus, has aggravation after coffee. The Petroleum patient is awakened early by urgent desire for a gushing, watery stool with colicky pains.)

URINARY.—Urine clear, watery; apt to be increased in

amount (even with diarrhœa). (Copious with diarrhœa is Fluor-ac.) Sensation as if a drop of cold urine passed (also Nitr-acid.). Urine passes at intervals and dribbles away from a cold, shrunken penis. Passes slowly; has to press hard to pass it.

**MALE SEXUAL ORGANS.**—Great desire, with relaxed penis; after an embrace there is uneasiness, languor, sleepiness (also Sep.; falls asleep during an embrace, Lye.), pains in limbs, etc., night sweats. (Calc., Natr-m.) Complaints from sexual excesses, old gleans, etc. (See list given after Agnus.)

**FEMALE.**—*Intolerable bearing down*; cramps as if she would have a child; must lie down. Itching and irritation with strong desire for coition. Menses profuse, with tearing pains in back and abdomen. Headache and toothache before and during menses. Prolapsus after cessation of menses. Nipples itch, burn, and look red. Metastasis of milk to brain.

(NOTE.—This bearing down under Agaricus is very marked, and it is probable that other remedies have been given, in cases where this bearing down was prominent, when Agaricus was the remedy. With *Lilium tig.* and *Natr-m.* this bearing down causes the patient to *sit down*. See note under Agnus. The pain in back during menses is found under a number of remedies. It is prominent in cases calling for *Kali carb.* Under *Asarum* we find a violent pain in small of back on appearance of menses, which scarcely permits her to breathe.)

**LARYNX.**—The constriction and oppression make him dread suffocation. Scratching in, after singing.

**RESPIRATION.**—Difficult, as if chest were too full; *must breathe deeply*. Tension in chest, causing desire to breathe deeply, and sometimes impeding walking. Breathing impeded at night owing to stopped nose. (See under Aconite.) Short breath, making walking difficult.

**COUGH.**—In isolated attacks ending in sneezing. (Alum., Bad., Bell., Bry., Hepar, Senega.)

**HEART.**—Sense of oppression in cardiac region. Palpitation, worse in evening (worse lying on left side. Brom., Cact., Dig., Kalm.); violent, strongly felt palpitation with red face; with anxiety and sweat. Burning, shooting pains in region of the heart extending to left shoulder-blade, caused by deep inspiration and worse from coughing, sneezing, etc. (Shooting pain extending to left scapula, Rumex; to left arm, Tarent.) Paralyzed feeling in left arm and hand after palpitation begins. (Numbness in left arm and hand, Acon., Ailan., Kalm.)

**BACK.**—Sensitive, worse morning. Pain in lumbar and

sacral regions during exertion and *while sitting*; pain sore, aching, but not sensitive to touch. Stiffness of neck, back, and between shoulders. Sensation of ants creeping along spine. Numbness and weakness; burning, shooting stitches, etc. Every motion causes pain; pain on stooping; *aching along spine and limbs*. Muscles feel bruised, and on bending forward seem to be too short.

**LIMBS, UPPER.**—Burning and itching in both hands as if frozen; parts red, hot, and swollen. Trembling and coldness of hands (after writing too much). Drawing, tearing, or laming pains. Fingers stiff from gout.

**LOWER.**—In the legs, pains (of almost any kind) occur when standing or sitting; more rarely when walking; pains diminish by motion. When standing the pain increases; he is soon obliged to walk or to sit down; weary, tired legs.

Itching, burning, and redness of toes, as if they had been frozen.

**SLEEP.**—Frequent yawning before spasms or headache; sleep restless from itching and burning of skin; awakes often at night, and is at once wide awake; starts and twitches on falling asleep.

**CHILL, FEVER, AND SWEAT.**—Very chilly in open air; it strikes through whole body; chilly from slightest movement, or raising bedclothes; heat chiefly on upper part of body, or heat all over, burning; uncovers lower limbs; general heat, with cold finger tips, dry lips, thirst, clean tongue, and pain in limbs; sweat profuse when walking and on slight exertion; greasy, but not offensive; often only on front of body, especially about legs at night; cold on face, neck, and chest.

**SKIN.**—*Burning, itching, with redness and swelling as if frozen; itching all over* (sometimes comes on after coition), *causing great distress*; without eruption; changing place.

**PECULIARITIES.**—*Burning and itching of parts as if frozen*; feels as if her limbs did not belong to her; cramps in muscles of limbs, especially when sitting; drawing and *tearing*, especially in limbs, which continue while *sitting* or standing, and go off on motion. The patient feels most comfortable when walking slowly about (Puls.). The pains in lower limbs, especially the knees, almost always come on when sitting or standing, rarely when walking.

Pains in bones forenoon and morning, especially in left tibia (rather better than worse from warmth of bed), better when walking. Slight blows cause ecchymoses. Soreness and bruised feeling after severe epistaxis; after coitus, debility, pains, and



weakness in thighs ; *twitchings of the muscles* (in low fevers, etc., Hyos.), also of the eyeballs and eyelids ; spasmodic motions from simple involuntary motions and jerks of single muscles to a dancing of whole body ; *involuntary* movements when awake, *ceasing during sleep*. Symptoms often appear diagonally (right arm, left leg, etc.).

RELATIONSHIP.—Hering gives Agaricus as similar to :

Bell., cerebral excitement, but more in chorea.

Calc., alcoholism, icy-cold feeling on head.

Cann-ind., alcoholism, extravagant fancies.

Cicuta, spasms of eyes ; letters go up and down or disappear ; objects appear double or black.

Cimic., delirium of alcoholism, chorea, spinal irritation.

Cina, twitching of limbs, chorea ; distortions begin with a shriek, extend to tongue, œsophagus, and larynx ; continue even through the night.

Codein, eyes twitching on attempting to read ; unusual tendency to involuntary twitchings of muscles.

Hyos., typhoid of drunkards ; loquacity, dancing, muscular twitchings, and with all tremor, tendency to stupor, and feeble pulse.

Ignatia, hysterical or emotional chorea, sighing, convulsive cough, twitches, laughing and crying.

Jaborandi, spasm of accommodation, vision continually changing ; eyes tire easily, are irritable.

Lachesis, loquacious delirium (patient goes rapidly from topic to topic), alcoholism, typhoid of low type, tremulous protrusion of tongue, tremor, feeble pulse, livid extremities.

Natrum ars., vision weakened from condition of health ; objects blur when he looks at them for a short time ; eyes soon tire and ache ; lids disposed to close, cannot keep them open as wide as usual.

Nux vom., chorea, alcoholism, spinal irritation, convulsions, tremor, paraplegic symptoms, enlarged liver.

Opium, alcoholism, chorea, with spasmodic, angular jerks of flexors ; hands tremble, slow pulse.

Physost., pain after using eyes, *muscæ volitantes*, flashes of light, twitching of lids and around eyes.

Pulsat., spinal irritation, chorea, chilblains.

Ruta, itching at inner canthi, eyes burn, ache, feel strained, sight blurred after over use, etc. ; spasms of lower lids.

Sepia, icy-cold feeling on head.

Silicea, jerks of head and tongue and limbs. Twitching of limbs during sleep (those of Agar. cease *during sleep*).

Sticta, chorea, with jumping and dancing.

Stram., delirium tremens; singing, laughing, dancing; extravagant recitals; laughs at his own foolish wit; *foolish* loquacity; chorea, with gyratory motions, etc.

Tarent., chorea, one arm and one leg constantly in motion.

Thea, talkative; spinal irritation.

Agaricus is ANTIDOTED by charcoal, coffee, wine, brandy, camphor; is followed well by Bell., Calc., Merc., Op., Puls., Rhus, Silicea.

Acts chiefly upon upper right and lower left sides. Complaints aggravated morning and afternoon. Complaints from sexual excesses.

CONDITIONS (general), aggravation.—On waking; from pressure; on stooping, standing, sitting, or lying; in wet weather; on inspiration; on closing eyes.

AMELIORATION.—When walking, and generally from motion; on opening eyes; in dry weather.

### AGNUS CASTUS.

MENTAL.—Melancholy, listless, dissatisfied, anxious, fear, and weakness. *She is very sad and keeps repeating* that she will die soon. (Guernsey tells us the difference between this fear of death of the Agnus patient and that of the Aconite patient is that the former has no fear of *immediate* death, but thinks it will come soon, after awhile, and that there is no need of doing anything to help her.) *Very absent-minded* (chiefly *Cann-ind.*, *Caust.*, *Cham.*, *Graph.*, *Lyc.*, *Nux-m.*, *Phos.*, *Plat.*, *Sep.*, etc.); reading is difficult, has to read over several times.

HEAD.—Contractive pain above temples from reading (pain in temple from reading, *Clem.*, *Mezer.*, *Natr-m.*, *Phys.*, *Sulph.*). Tearing pain above eye, with soreness to touch, worse on motion and in evening.

Headache in upper part, as from staying in a room filled with thick, dusky air; looking fixedly at one point relieves (also *Sabad.*).

Biting itching on scalp (*Merc.*, *Puls.*, *Staph.*), worse evenings and on falling asleep.

EYES.—Widely dilated pupils; photophobia. Corrosive itching over and on eyebrows and lids and below eyes. (Guernsey adds: This itching is also found on cheeks, chin, tip of nose, perineum, or elsewhere; is relieved by scratching, but soon returns.)

NOSE.—Hard aching in dorsum, as from pressure of a stone;

relieved by pressure. Illusions of smell, at one time as of her-  
ring, at another like musk.

FACE.—Corrosive itching. Erysipelas on left cheek, spread-  
ing from nose over face and head.

MOUTH.—Teeth painful when touched by warm food (Bell.,  
Bry., Calc., Cham., Nux-v., Phos., Puls., Sil.); mouth very  
dry; saliva tough, drawing out into strings. (Mouth and  
tongue very dry, saliva like "cotton," *Nux-m.*)

APPETITE, ETC.—Hunger, but food does not agree with him;  
it makes one feel full and uneasy. Thirstlessness and aversion  
to drinking.

STOMACH, ETC.—The wind belched smells like old urine  
allowed to dry on clothes. Nausea felt in epigastrium when  
standing; later qualmishness in abdomen, with sensation as if  
intestines were sinking or pressing down; wants to support ab-  
domen with hands.

(NOTE.—Very many remedies have a pressing or bearing  
down in abdomen; this sensation of *Agnus* seems to be more  
a feeling of *weakness* than one of *pressure*. Something like it  
we find under *Staphisagria*, which has "a feeling of weakness in  
abdomen as if it would drop; wants to hold it up." Under  
*Lilium-tig.* we find something different: "feeling as if contents  
were *dragged* down [this feeling extends as far up as chest],  
wants to support it." There are again remedies having a bear-  
ing down as if prolapsus would occur: *Ant-cr.*, *Bell.*, *Calc.*,  
*Con.*, *Cop.*, *LIL-TIG.*, *Natr-c.*, *Natr-m.*, *Nit-ac.*, *Pallad.*, *SEP.*,  
*Ustil.*; must cross limbs to prevent it, *Sepia*; must press upon  
vulva, *Lil-tig.*, *Sepia*; must sit down, *Lil-tig.*, *Natr-m.*).

ABDOMEN.—Sensitive to pressure, or sore to touch. Aching  
in region of liver; swelling and induration of spleen. Rumbling  
during sleep.

RECTUM, STOOL, ETC.—Deep fissures at anus; a sore feeling  
under skin near anus, only when walking. Corrosive itching  
of the perineum. (Itching of scrotum, *Staph.*) The flatus smells  
like stale urine after drying on clothes.

Difficult expulsion of soft stools; seemed inclined to re-enter  
rectum (like *Sil.*). (Difficult expulsion of soft stool, *Alum.*,  
*Carb-v.*, *China*, *Phos-ac.*, *Sep.*, *Sil.*)

URINARY.—Frequent urination; has to rise twice at night  
and even once during siesta. Urine dark; disagreeable sensa-  
tion in back part of urethra after urinating. (Burning in back  
part after urinating, *Kali-b.*; feeling as if last drops remained,  
*Arg-n.*, *Kali-b.*)

Discharge of prostatic fluid when straining at stool. (Also,



Alum., Amm-c., Anac., Ars., Calc., Cann-i., Carb-v., Caust., Con., Hepar, Ign., Kali-b., Natr-c., Nitr-ac., Phos., Sep., Sil., Staph. ; after stool, Caust., Nitr-ac., Phos.)

**MALE SEXUAL ORGANS.**—*Sexual desire lessened, almost lost ; penis small and flaccid and cold* (so that voluptuous fancies cause no erections, etc.). Has usual morning erections but parts are flaccid. After an embrace has an involuntary emission. (Also Acon., Bar., Kali-c., Natr-m., Natr-p., Phos., Rhod.) Testes cold, swollen, hard, and painful.

(Testes cold, Aloe, Berb., Brom., Caps., Merc. Hard or indurated, Aur., Bell., Brom., Clem., Con., Cop., Iod., Merc., Mezer., Nitr-ac., Nux-v., Oxal-ac., Rhod., Spong., Sulph.) Gleet, with want of sexual desire and lack of erections. Induration of testes after suppressed gonorrhœa. (Compare Aur., Bell., Canth., Clem., Natr-c., Nitr-ac., Puls., Rhus, Selen., Sulph., etc.) Pollutions from irritable weakness of parts (Con.). With prostaticorrhœa. (See under Urinary Organs.) Gonorrhœa, *with absence of sexual desire and power of erection.*

**FEMALE SEXUAL ORGANS.**—Hysteria, with maniacal lasciviousness. (Hyos., Bell., etc.) Menses suppressed, with drawing pain in abdomen ; sterility with absence of menses and sexual desire.

Transparent leucorrhœa, passes imperceptibly from *very relaxed parts* ; stains linen yellow. (Also Carb-an., Chel., Creos., Eupion, Graph., Lach., Nux-v., Prun., Sep., Thuja.) Deficiency of milk in lying-in women (with sadness and the fear of death soon, etc.). (Milk decreased, Dulc., Graph., Puls., Urt-ur. ; in rheumatics, Caust.)

**RESPIRATORY ORGANS.**—Hard pressure upon region of sternum, especially during inspiration. Voice sounds as if it came through wool ; has no characteristic sound. (As if mouth were full, Calad. ; is toneless, Ars., Plumb., Stram., Sulph.) Cough evening in bed before falling asleep ; in paroxysms, with palpitation and nose bleed, mostly in morning.

**CHILLINESS, ETC.**—Chilly all over, but only hands feel cold to touch. Slight chilliness in evening, followed by heat, with headache. (Natr-m.) No thirst, slight delirium, tormenting and profuse sweat. Flushes of heat, mostly in face, with cold knees, evening in bed (awakens from cold limbs, especially knees, Carb-v. ; on waking cold knees, Euphr. ; night in bed, Phos.)

**LIMBS, UPPER.**—Sensation of hard pressure in axilla and arm, worse from motion or contact. Swelling of finger joints with arthritic, tearing pains, worse from contact.

**LOWER LIMBS.**—Lancinating pain in right hip, worse dur-

ing motion, abating in rest, with debility which obliges sitting down. Sticking in knee, with debility, worse during motion; at rest it is changed to a pressure as if part were luxated. Legs fatigued and swollen toward evening. Feet turn easily when walking on a pavement. (Feet liable to turn when walking, Carb-an., Natr-c., Natr-m., Nux-v., Phos., Sil., Sulph.)

SKIN.—Corrosive itching on different parts of body, obliging one to scratch, which only relieves temporarily. Itching around ulcers in evening.

GENERALITIES.—Constant trembling from internal chilliness, though body is warm to touch. Bruised feeling all over; gouty nodosities. Effects of strains from overlifting. (Also Arn., Borax, Calc., Graph., Lyc., Natr-c., Phos-ac., Rhus, Sil., etc.) From sprains of joints. (Also Amm-c., Arn., Bry., Calc., Carb-an., Ign., Lyc., Merc., Natr-c., Natr-m., Nitr., Nitr-ac., Nux-v., Petr., Phos., Puls., Rhus, Ruta, Sulph.) May be indicated in bruises or wounds. Prevents excoriation in walking.

ANTIDOTES TO AGNUS.—Camph., Natr-m. (the headache), strong solution of table salt.

After Agnus follow with Ars., Bry., Ign., Lyc., Puls., Selen., Sulph.

NOTE.—The most marked action of Agnus is the causing of *impotence*. In a hale, hearty man it causes the penis to dwindle, to become cold and flaccid. There is a line of remedies to be compared in this connection. Of Agnus Farrington wrote: "In old men who, having spent their youth and early manhood in practice of excessive venery, are just as excitable in their sexual passions at sixty as at eighteen or twenty, and yet are physically impotent, Agnus is a good remedy."

Argentum, seminal emissions almost every night, without erection, with atrophy of penis. Effects of onanism.

Caladium is indicated after sexual abuse or excesses when there is impotence with mental depression; nightly pollutions without any sexual excitement (without erections, Bell., Cobalt., Con., Gels., Mosch., Sabad., Selen.).

Calcarea is indicated when there is excessive sexual desire (more of a *mental* than physical kind); erections are imperfect during coitus; emissions premature or imperfect, and coitus is followed by vertigo, headache, and weakness in knees (Sep.). (Dioscorea, Agaricus, and Silicea have weakness after coitus.)

China is chiefly useful for the debility following frequent emissions. It has also impotence with sexual desire; is more apt to be needed when these effects follow soon after the excess; Phos-ac. for the more chronic effects.

Cobalt, like *Nux vomica*, is especially useful for the backache following emissions; it is worse when sitting; (worse sitting, *Agn.*, *Berb.*, *Carb-v.*, *Cob.*, *Lyc.*, *Mag-m.*, *Nux-v.*, *Ol-an.*, *Phos.*, *Pic-ac.*, *Puls.*, *Rhus*, *Sulph.*, *Tabac.* *Zinc.*) This drug has also a severe pain in right testicle, better after urinating.

Conium is most useful when extreme melancholy, etc., follows sexual excesses (see *Calad.*). Emissions without dreams, prostatorrhœa at every emotion. (Without dreams, *Cic.*, *Con.*, *Coral.*, *Dig.*, *Guai.*, *Natr-c.*, *Stann.*)

*Digitalis* has nightly emissions during sleep, without dreams, with great weakness of sexual organs; with sadness and despair; after emission there is a sensation as of something running out of urethra, and also great weakness.

*Lycopodium*, like *Agnus*, the penis is shrunken, cold, and relaxed; there is impotence; erections feeble, and falls asleep during an embrace.

*Natr-mur*, excessive irritability of sexual instinct, with physical debility. (Weak powers, *Agar.*, *Amm-c.*, *Graph.*, *Ign.*, *Men.*, *Nux-m.*, *Nux-v.*, *Selen.*, *Sep.*, *Sil.*, etc.) Pollutions (even after coitus), followed by weakness, backache, night-sweats, weakness of legs, and melancholy. (*Natr-ph.* is very similar.)

*Nux vomica*, sexual desire easily excited, especially in mornings and after too high living. Often easily excited, but power is weak. Emissions while asleep. (*Aloe*, *Alum.*, *Cann-s.*, *Caust.*, *Clem.*, *Coloc.*, *Croton*, *Cyc.*, *Dig.*, *Dios.*, *Lact.*, *Merc.*, *Natr-c.*, *Ol-an.*, *Phos.*, *Puls.*, *Ran-b.*, *Rhod.*, *Stann.*, *Staph.*) There is headache, backache. (Also *Cann-i.*, *Cob.*, *Phos.*, *Phos-ac.*, *Staph.*) With difficulty in walking. Bad effects of onanism in youths. (After *Nux* comes *Calc.*, *Lyc.*, *Phos-ac.*, *Sulph.*, etc.)

*Phosphorus*, impotence following previous over-irritation. Backache as if it would break; burning spots, better from rubbing. Also great sexual excitement, with backache after coitus. (Also *Cob.*, *Natr-m.*, *Nux-v.*, *Ph-ac.*, *Selen.*, *Sil.*, *Sulph.*, *Ustil.*)

*Phos-acid*, there is little or no pain, but much debility, after excesses. Emissions are frequent and debilitating, causing melancholy (*Calad.*, *Con.*, *Natr-m.*, *Sulph.*, etc); onanists, who are much distressed by their culpability. (Also *Staph.*) During coition there is a sudden relaxation of the penis. (Erection too feeble, *Agar.*, *Agn.*, *Bar.*, *Calad.*, *Calc.*, *Caust.*, *Hepar*, *Lach.*, *Lyc.*, *Nux-m.*, *Phos.*, *Sep.*, *Sulph.*) Erections without any sexual desire. (*Bry.*, *Calad.*, *Eugen.*, *Fluor-ac.*, *Mag-s.*, *Nitr-ac.*, *Nux-v.*, *Spig.*, *Tarent.*) The semen is discharged too soon; burning in



back and weakness in legs. Scrotum relaxed and hangs down. (Sulph., etc.)

Selenium, weak, debilitated persons, who are too easily fatigued and are overcome by hot weather. After seminal loss there follows headache, irritability, weak back, dribbling of semen during sleep, after stool, or urination. The parts are *relaxed* and hence this dribbling.

Sepia, increased desire, with weakness of genitals (see under Natr-m.). After an emission has burning in urethra, is languid and drowsy (Agar.), weakness in knees (Calc., Dios.).

Silicea, sexual power increased or decreased; weak power, but increased desire; emission too soon. After coition sensation as if paralyzed on right side of head; soreness of limbs, aching all over. All symptoms worse from loss of animal fluids.

Staphisagria, bad effects from onanism, especially when there are dark rings around eyes (Zinc.); sallow, sunken face; emaciation; abashed look, backache, weak legs, organs relaxed. After emissions great prostration and dyspnoea.

Sulphur, patient weak, debilitated, with gastric ailments, flushes of heat, cold feet and heat on top of head. Frequent involuntary emissions, exhausting him next morning. Semen is thin, watery; genitals are relaxed; scrotum hangs down; penis cold, erections few and far between; at coitus semen escapes too soon; patient suffers from backache and weakness of limbs; is low-spirited and hypochondriacal. (Selenium is very like Sulphur, but has more relaxation, and Sulphur has offensive sweat on scrotum.)

Ustilago, irresistible tendency to onanism; frequent emissions; is prostrated, dull, has lumbar pains (Cobalt), is despondent, irritable.

Zincum, desire easily excited, but emission too rapid; sometimes it is very difficult; copious prostaticorrhœa without any cause; spermatorrhœa without dreams, face pale, sunken, blue rings around. (Staph.)

## CEREBRAL CONGESTION.

WILLIAM A. HAWLEY, M. D., SYRACUSE, N. Y.

The case was one of cerebral congestion, resulting from sun-stroke and intense overwork, in a stout, plethoric man of about fifty. It had yielded to Bry., so that I thought he would be out in a day or two, but company and some business fatigued him so that he was very restless over night, and got uncovered, tak-

ing cold. The next morning he did not seem so well as the day before, but I gave him only S. L. The second evening, as I went in, he said, "O Doctor! I have been in hell all night, and have not slept a wink." He had a facial neuralgia, left side, so severe he could not keep still, darting, shooting, flashing pains, that come and go like lightning. I dissolved a little Spong.<sup>ee</sup>, and directed a teaspoonful every half hour till relieved, and then stop, promising to be in again after dinner. I was there at two o'clock, when he said, "Doctor, I took that medicine exactly according to directions till twelve, but every dose aggravated those pains till I could not stand it, and I have taken none since." I gave S. L. in water every half hour, and called again about five. Found him quiet and free from pain, but afraid to move lest it come on again. He informed me that he *must* have something to make him quiet and make him sleep that night. Continued the same. At nine o'clock found he had slept an hour and was free from pain, but he said, "Doctor, I have got to have an anæsthetic to-night; I cannot go through another night so." I said, "I suppose you do not intend to dictate to the doctor?" "Oh! no." "Well, I will fix that," and then I called for another glass of water, and put a powder of S. L. in it and directed that he take two spoonfuls once an hour till he slept. It ended the case, and he has returned to his home in New York. He is a client of T. F. Allen's. He and his wife were greatly pleased with the result.

### HAHNEMANN'S WRITINGS AND RUBRICK.

In a very thoughtful paper (read before the New York State Homeopathic Society), on these subjects, Dr. M. W. Van Denburg considers how the mass of *materia medica* now collected can be made more available. He condemns, as we do, the chopped-up style of the so-called condensed works, where merely the husk is preserved and the kernel thrown out. While we do not altogether agree with Dr. Van Denburg's views, we are heartily glad to see such discussions of this subject. In concluding his paper, Dr. Van Denburg says:

"It is not incumbent upon us, as good and faithful disciples of Hahnemann, to copy his faults as well as his virtues. Neither are we called upon to regard him as inspired or infallible. He himself would be the first to repudiate such implications. It is rather our part to inquire, in the calmest scientific spirit, what is required of *Materia Medica Pura*?"

"The first requirement is that it be truthful. The universality

of the law of *similia* is not here under discussion, only *materia medica*. The second requirement is that it should be *available* for use with the *least possible* expenditure of time and labor.

"Efforts in this direction have been untiring. We have condensed and recondensed *materia medica*s; repertories large and small have consumed years of patient labor and helped in a very large degree to make up for deficiencies and confusion. Without them it is hard to see how we could practice medicine at all."

### BOOK NOTICES.

**FOX'S ATLAS AND TEXT-BOOK OF SKIN DISEASES.** Second Edition. Issued in parts by E. B. Treat & Co., New York, 1888.

It is scarcely necessary for us to do more than mention this standard work, for both the author and the work are far too well known to make any criticism needed. The plates are certainly most excellently well done. The new edition is a text-book as well as an atlas of skin diseases. There are to be twelve parts at two dollars each, with four colored plates in each part.

**CONTRIBUTIONS TO THE STUDY OF THE HEART AND LUNGS.**

By James R. Leaming, M. D. E. B. Treat & Co.; price, \$2.75. New York, 1887.

It must require some courage on the part of an author who writes a book on the diseases of the chest, so numerous are the works in this branch of medical inquiry. This work of Dr. Leaming's is composed of a series of essays read or published at different times; they are well written, and seek to elaborate some disputed points in the diagnosis and the pathology of chest diseases.

**SIMILIA SIMILIBUS CURANTUR.** By Charles S. Mack, M. D. Price, 40 cents. Otis Clapp & Son, Boston and Providence. 1888.

To the impartial observer it would seem curious that one should undertake to write on a practical subject with which he confesses he has had very limited experience! Yet this is just what Dr. Mack does in this essay upon "*Similia Similibus Curantur*."

Like many others, Dr. Mack has not made himself familiar with the true principles of Homœopathy; had he done so he would never have written this little essay, nor would he have been in doubt in distinguishing between accidental recoveries and cures. Hahnemann long ago pointed out the distinguishing features.

**A PRACTICAL MANUAL OF GYNÆCOLOGY.** By G. R. Southwick, M. D. Pp. 408; price, \$3.75. Otis Clapp & Son, Boston and Providence. 1888.

The author says in his preface that he has written this manual "as a safe and practical guide for the general practitioner and student rather than for the specialist." He also asserts his belief that uterine, like other diseases, can be cured by internal medication. Why not? we should like to ask. Dr.



Southwick is evidently up with the latest works on his specialty, and has done his work thoroughly, but we should like to see more reliance placed on internal medication and less upon surgery. The indications for the remedies suggested could be much more clearly stated.

**THE HOMŒOPATHIC TREATMENT OF RHEUMATISM AND KINDRED DISEASES.** By D. C. Perkins, M. D. Pp. 180; price, \$1.50. Hahnemann Publishing House, Philadelphia. 1888.

It is seldom that we can say, with truth, that a long-felt want is at last supplied, but in reference to Dr. Perkins's book we do say it. There has been no monograph in our school on rheumatism. One has long been needed. This volume gives the homœopathic indications for about one hundred remedies; under each remedy the symptoms of the back and the extremities, with concomitants, are given. At the end of the book is a very good repertory. Rheumatism is often a tough customer to deal with, hence the help of such a work as this will be very welcome.

**THE TWELVE TISSUE REMEDIES OF SCHÜSSLER.** By Drs. Wm. Boericke and W. A. Dewey. Pp. 303; price, \$2.50. Hahnemann Publishing House, Philadelphia. 1888.

This work gives the therapeutics of the twelve remedies, their therapeutical application, and, lastly, a good repertory of their symptoms. Among these twelve drugs are some of our greatest polychrests, and all of them are very useful remedies when used according to the Law of the Similars. So far, then, we welcome this book, which seeks to improve our knowledge of important remedies; but when we are told to use them according to the theories of Schüssler, or any one else, we demur. There is only one law of cure; man's theories are worth nothing. In Oldenburg, where he lives, Schüssler is laughed at as a crank; he has no standing there and little practice. Therefore we repeat, although we repudiate Schüsslerism, we welcome this book as a very useful addition to our knowledge of some very important medicines, which are, perhaps, too much neglected.

**THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND REPERTORY.** By Robert Faulkner, M. D. Boericke & Tafel, New York and Philadelphia. 1888.

This visiting list is especially adapted for homœopathic physicians. For this purpose the columns are ruled wide, that the name of the remedy may be inserted opposite the name of the patient. Moreover, it is perpetual, being therefore useful for any year or any month. In the forepart is a condensed repertory to the more commonly used homœopathic remedies. This repertory must prove of much service to many a physician in moments of doubt. Finally, there are an ordinary calendar, an obstetric calendar, a table on antidotes to poisons, and rules of procedure in cases of asphyxia. W. M. J.

## NOTES AND NOTICES.

ANOTHER.—A subscriber writes: "Let me say that your journal is worth more to a *homœopath* than all our other homœopathic journals combined. I am just re-reading volume seventh. It is as fresh and as new now as it was when I first read it.

Yours sincerely, S. W. C."

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## PSORA\*

Is that miasm which forms the basis of the disease called itch, and of which miasm itch or eczematous diseases are the most favorable and the simplest manifestation.

This miasm may have been handed down from generation to generation, or may have been acquired through suppression of some of its forms of manifestation in this generation. It is hard to say in each individual case whence it came or whither it will go, its presence being the palpable fact with which *we have to deal*, leaving the *cause*, as we do in all physical phenomena, as light, heat, electricity, to be determined inductively from its *effects*.

This latent power, now so universal that it is a habitant of nearly every organism, may not in each individual case have exhibited an eczema—the *simplest form* of which, and the most easily cured, are the *itch vesicles upon the hands*, as the most *violent form* is the *squamous upon the head*—although most likely to have done so at some time; having once so appeared, and having disappeared or been suppressed, it ceases to be *latent*, becomes roused and *active*, all future manifestations being

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\* This essay upon Psora was written by S. L. G. Leggett as a candidate for the Miller Prize. Our readers may remember a former mention of this prize. Dr. R. Gibson Miller, of Glasgow, came over to study Homœopathy with Dr. Kent. He was so well pleased with Dr. Kent's lectures on the *Organon* that he left a fund for the establishing of this prize to be given yearly to the student who passed the best examination on homœopathic philosophy, etc.—EDS.

in line of progression and with increased destruction to the organic structure until the life of the patient ceases.

Old medicine, more conscientious than modern, had discovered, before the revered Hahnemann's time, that a suppression of eruptions; in other words, of psoric manifestations taking that form, was followed by direct consequences to the individual, according to his temperament (Juncker), and that no power they possessed could arrest the progress of that internal disease, any more than that they had the power to cure the eczematous manifestation by any use of external or internal remedies then known without *suppressing* it.

Conscientiously they recorded their efforts and observations in trying to remove these evils and their consequences. Yet modern, scientific (?) medicine does not seem cognizant of the fact, and goes blundering on in its perpetual, well-worn round, hoping to discover in some unheard-of region, by the aid of the microscope (!), forsooth, the *cause* of all the ills of all mankind.

Finding that suppression of the outward manifestation of latent power, the vesicle, tends to a deeper, broader, more active inroad of the real disease power upon the human system, we look for its more immediate effects, and find sometimes an acute attack that ends the life of the victim within a short time, again, a chronic and ever-growing miasm, shifting from the more superficial and distant organs to the more central and vital, until death comes to the rescue and relieves the suffering.

There may be acute or chronic lung disease, dysentery, diarrhœa, diabetes, hysteria, epilepsy, apoplexy, cancer, malignant growths, tumors, hydrocephalus, and effusions of the cavities, general dropsy, etc., until the list at first glance seems to cover all the diseases known to man.

After close observation of the phenomena of disease following the suppression of eruptions, Hahnemann, by inductive reasoning from the *effects* to the *same common cause*; by observation of the effects of the seemingly similar remedy, in cases where the remedy did not prove broad enough to cover the true diseased condition, but removed a few of the symptoms, only to have them again return, or new ones take their place, wisely concluded that this now *active* psoric miasm could not be covered in its entirety by the single remedy, as when in its eruptive stage; that it had so increased in its extent, expressions, and ramifications that it would usually present successive symptom pictures, and must be met by the similar drug pictures; until the whole disturbance—always supposing it to be curable—was eradicated.



Latent psora shows itself in the peculiar sensitiveness of the system to changes—climatic, dietetic, physiological, or psychological.

A system with a tendency to colds in every change of the weather shows the presence of this latent miasm; as a person in a perfectly healthy condition would not suffer sickness from so slight a cause, although the change might be disagreeable.

A system that is disturbed by the slightest excess at table in either eating or drinking also shows the existence of this mighty miasm. If there were perfect balance of the vital force, the appetite would not be in excess of the amount needed by the system, and the system would have assimilated the amount taken and have been strengthened by it, as at one time there might be a more extensive call for and use of the vital fluids of the system than at another.

Sickness should not follow a slight excess and gratification of sexual desire, but should be met by a corresponding recuperative ability on the part of the vital force. It is reasonable and a fact that throughout nature we always find a reserve force, an overplus of space, an overplus of strength, an overplus of motility, an ability to fit ourselves to surrounding circumstances that is seldom called for, but always found when needed. So we find that somewhere more than sufficient food is grown for the necessary supply, more than sufficient flowers blossom to give us delight—in fact, more than sufficient supply for all our necessities and pleasures; just as truly do we find an excess of vital force to meet an occasional inordinate demand. We are not speaking now of habitual abuse; there are those who are made ill by just these slight deviations, and it points clearly to the psoric miasm.

A great sorrow, loss, or trouble, is of far greater importance to the system than any of the above-mentioned disturbances—is slower of recovery, more lasting, and changeful in its effects; yet a healthy organism will show less of disturbance, recover more quickly and wholly from its deleterious effects, and the system sooner returns to its normal condition.

Should the *trial* be constant, the effort of the vital force to bear with, or to carry this extra burden will in time weaken and shatter the healthiest organism.

We frequently find in persons afflicted with psora an inanition of the whole or a part of the nutritive principles necessary for the healthy animal organism, or too many find an over-active assimilation or appropriation of one substance or more, at a great expenditure of strength to the system, as in pseudo-

plethoric subjects, who appear to have abundance of blood and muscular tissue, and yet are anæmic in extreme.

Hence, we have pale, sallow, grayish, cachectic looking individuals, with hollow cheeks and staring eyes, stoop-shouldered and gaunt, distress pictured in every motion, or stout, highly colored, and rotund, with a weakness of organism, in which every slight departure from the most ordinary routine existence—sometimes *without* that departure, and during the strictest regimen—causes functional disturbances so intense that life is a mockery, and death welcome delivery.

If we inquire still further into the distress of the victim, we find almost every known *functional disorder*, which means, eventually, in modern parlance, *organic disease*. These terms are misnomers, as there can be no chronic *functional disturbance* without *disease* of the *organ*, although there may not yet be disintegration or destruction of tissue, which would be a *lesion*.

We find dyspeptics under the strictest dietetic and hygienic rules upon whom the most wholesome food acts as poison, and the most unwholesome most unexpectedly agrees; who alternately starve and feast themselves with the same deplorable results.

Long standing constipations; hemorrhoids; distressing headaches and menstrual difficulties; anorexia and canine hunger; palpitations and night-sweats; bilious attacks; coughs and frequent colds; severe kidney complications; disturbed mental equilibrium; weakened mental faculties; forgetfulness; aphasia; paralytic and apoplectic seizures; urinary difficulties; chronic tendency to boils, ulcers, eruptions; abnormal secretions and discharges; perversions in quantity and quality of normal discharges,—are but few of the complications that arise, and may be clearly traced to the common origin.

We will find one patient to be heavy, fat, slow, groggy, with pallid, livid complexion, insensible to pain or suffering, slow to gather his wits together; slow to learn what is wanted of him. Another, rosy-cheeked upon the slightest excitement or pain, rotund, comfortable looking, yet weakened and anæmic in the extreme.

Again, he will be long, lean, lank, stoop-shouldered, hollow-eyed, obstinate, philosophizing upon every possible subject, and making nothing of it, or upon religious topics, which he never settles; misanthropic.

Again, rosy and fair to look upon as a young god, with a scrofulous and hemorrhagic diathesis that will slowly sap the life away, or fat, flabby, and useless.

Still another, emaciated, waxen, pallid, tall, hollow-chested,

hollow-eyed, with inanition for the only substance that can restore him to health, he drags out a miserable existence.

Again, he dreads the approach of daily duties, even those to which he has been accustomed for years, yet when once aroused will go through those duties gloriously.

It may take the form of fear, fear of suicidal attempts; a continual urging from within to end his misery and constant suffering; a fear of dangerous situations or sudden temptations.

All this and much more we find developed by this hydra-headed monster, psora. Had it been correctly treated in its first manifestation, it would have remained latent with comparatively little discomfort to the organism.

Such conditions, uncomplicated by previous medication or other miasms, are comparatively easy of cure by the use of the dynamized similar remedy. The tangled threads of the web of life may again be tied, and the hand at the loom again be able to renew the broken pattern, smoothly weaving out both warp and woof to the very end.

In complicated cases the process must be longer, the choice of the remedy will be much more difficult, and the temper of both physician and patient will be repeatedly tried—yet the *problem may be solved*.

S. L. G. LEGGETT.

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## SYCOSIS.

(Notes from an extemporaneous lecture by Prof. J. T. Kent, M. D., St. Louis.)

In the further study of the miasms we now take up sycosis, which is named from one of its symptoms, a disposition to throw out figwarts.

You may wonder why you have heard so little about sycosis. The fact is that little is generally known about this miasm. Hahnemann and Boenninghausen started the subject; its further discussion must go on, and the subject will finally be developed.

You will now and then see or hear a remark that indicates that some modern physician has seen a shadow, but the real object has seldom been observed. With one exception, as far as I know, in old-school medicine, there exists a complete darkness. This exception is Dr. Noeggerath, who thinks that latent gonorrhœa may be communicated to a woman by her husband, who has been cured (?) of this disease, which, in his opinion, is never eradicated from the system. It is the source of continual



malaise, frequently the cause of early death, and often produces sterility. Diseases consequent on this are acute and chronic perimetritis, metritis, oophoritis, etc. If impregnation occurs abortion follows, or only one child is born to that woman; exceptionally, two or three. Of eighty-one women, thirty-one became pregnant and only twenty-three went to full time. Without knowing it he has corroborated the doctrine of Hahnemann and his followers. Bœnninghausen laid the foundation.

You naturally ask, How have we found out anything about sycosis, and how we know that there is such a miasm?

Out of a large volume of cases that I have gathered together, I can give but a few because of our limited time. I will mention from memory.

Years ago a man came to me with a sickly, greenish-gray countenance—a countenance even more appalling than that found in chlorosis. He had enlarged glands in the groin, he had lost much in weight, he was stiff in the joints, and the soles of his feet were very sore. Years before he had had gonorrhœa, which had been treated with injections, and the discharge had disappeared. Since then he had been taking tonics, but with no effect.

This was my first really recognized case of gonorrhœal rheumatism. I commenced to read upon the subject, but my reading was very unsatisfactory. I could find but little information. It is not necessary to say that I did not succeed in that case. That man stood before me as he stands to-day. I saw him again on crutches. His face, which stamped the picture of the miasm indelibly on my memory, still haunts me. Sickly in extreme, I see him now as he walked in and out of my office with my vague advice and prescriptions. His sallow skin and stooping frame, his hollow, wandering eyes, pleading for help, and of me, who professed to be a physician. To be sure, he had sinned, and hence the contagion, but what of his sin in comparison to that of the ignorant man who suppressed his discharge, and of the profession that fosters such ignorance, bigotry, and unbelief, in all of which we see elements that retard investigation and honest thinking?

The next case that stands up before me is that of a young baker. He had been obliged to give up his business and go to the hospital. When he was sick eighteen months, unable to work, his former employer came and asked me to do something for the poor, forsaken young man. I found him walking on his knees. The soles of his feet were so sore that he could not stand on them. His hip-joints were stiff, he was full of rheumatic symptoms, and broken down completely. These symp-

toms had all come on after the suppression of a gonorrhœa. I cured that young man. Some time after he was put under homœopathic treatment his gonorrhœa came back ; and when the gonorrhœa was cured he had no further trouble.

A man with a most troublesome nasal catarrh, that had existed with increasing violence for eleven years, received Calcarea very high, and was converted to Homœopathy by the rapid cure of the catarrhal discharge, but it was not more than a month later that he reported that he had a discharge from the urethra, declaring that he had not been exposed to infection. He admitted that twelve years ago he had suffered from a gonorrhœa, but supposed that it was cured, as very strong injections had been used.

Dr. Wesselhœft reports an exceedingly interesting case of a man who had been troubled with vertigo for six years. Dr. Wesselhœft prescribed for him, and the vertigo disappeared, but behold ! a gonorrhœa which had been suppressed for many years reappeared on the patient.

These and similar cases which I could relate give us some understanding of the beginning of that gigantic miasm which we call sycosis.

Let us start out by saying that sycosis is a constitutional and contagious disease, which sometimes, though not always, is manifested in the beginning by gonorrhœa.

There are two especial kinds of urethritic discharges. One is sycosis and the other is not. They seem alike, but you may abuse the one and not produce sycosis, while just so sure as you stop the other without curing, you have the constitutional miasm. It seems that the only relief that nature has is from the discharge, and just as soon as the discharge is stopped trouble begins.

Rheumatism is only the first shadow of the miasm, which is often observed as soon as the discharge is suppressed, but sometimes not for months after. One of my cases, where suppressed discharge was instantly followed by pains in the back and sciatics, was a great sufferer. This man writhed with double sciatics and neuralgic pains, rending in character, all over him. Constant motion relieved his pains ; quiet was impossible. For many days he suffered before I found his remedy. This kind of rheumatic neuralgia is seldom attended with much swelling, the pain seems to be drawing and rending, and seems to belong largely to the nerve sheaths and tendons. Figwarts and bleeding excrescences are particularly characteristic of its later expressions. I have cured gonorrhœal rheumatism and have

seen no figwarts, but in other conditions further advanced I have seen figwarts.

A man came to me with asthma. I gave him remedies which seemed to help him for a time, but I could not cure him. For a whole year I worked hard at that case. I knew that he had had gonorrhœa, but saw no relation between the gonorrhœa and the asthma. I did not understand the nature of the disease at that time. Finally I prescribed Natrum sulph. because it seemed suited to his symptoms. It wiped out the asthma completely, but in a short time figwarts began to appear about the genitals. Experience has shown that whenever these figwarts are burned off, deep-seated constitutional diseases invariably follow. I did not burn them, I gave him Thuja, which is complementary to Natrum sulph., and suited to the case. The figwarts disappeared and his old gonorrhœa discharge came back, which was, as these cases usually are, most difficult to cure.

The returning discharge is often unmanageable, and may resist treatment for years, because the miasm has become deep seated, and the discharge should exist until this miasm has been cured. Treating the discharge as a gleet is a most dangerous and unhomœopathic management.

Can you see anything in these facts in the light of what I have taught you, and do you see the relation of all these facts to each other?

Had I stopped that discharge by suppression, his old asthma would have come back. I would not have known why, and no one would have blamed me. Many such things have I seen. I practiced that way before I knew better, and I know whereof I speak. I have related to you some points that show you how I first saw a glimmering of the truth, but the great field is yet to be explored by you.

The manifestations of sycosis are often much like those of syphilis and psora, when each is in its latency or suppressed. You have aches and pains in the beginning of all three of the miasms, that resemble each other very much. Later, after the results of the disease have become evident through tissue changes, each miasm stands out in bold relief.

In syphilis, when its surface eruptions are driven back, it finally attacks the nerve centres, bone cells, and periosteum. Psora is more general in its nature. It attacks the skin and all parts of the body.

To-day I believe that sycosis is as deep a miasm as syphilis, with just as destructive a blood disorganization; therefore the



anæmic aspect, waxy, greasy skin, red, smooth warts on mucous margins of anus and genitals, loose teeth, extreme nervous tension, phthisical condition, catarrhs wherever there are mucous membranes, epithelioma, and emaciation.

Some one says that if sycosis is so deep a miasm, would it not be a good thing to take the gonorrhœal virus and prove its effect upon the human system, in order to bring out the disease where we can study it? This has been done.

Medorrhinum is such a substance, and students who have access to my office know that I have quite a volume of provings of Medorrhinum through the favor of Dr. Swan. It would seem that provers had nearly sacrificed their lives to bring out the action of this miasm.

This proving of Medorrhinum brings out the rheumatic states, the soreness in the bottoms of the feet, headache in day-time, periodical headaches, restlessness, pains from sunrise to sunset, which are so characteristic of sycosis (syphilis has pains at night, from sunset to sunrise), and many deeper symptoms which are found in sycotic diseases. This proving confirms everything that I have told you about sycosis—all that we learn from the study of the disease itself.

Many severe cases of asthma, the result of suppressed gonorrhœa, are speedily cured by Medorrhinum and the symptoms of sycosis are brought out. Medorrhinum develops the suppressed miasm, so that its symptoms are harmonious and consistent. It does not cure the miasm. It does not cure gonorrhœa. It acts as a developing remedy, as does Psorinum and Syphilinum in the other miasms.

Deep rheumatic attacks are often due to gonorrhœa, though this is not always recognized.

Children may be born sycotic, where one or both parents are afflicted with gonorrhœa. Such children are likely to have cholera infantum, marasmus—pining children. I have watched these cases and have often found Medorrhinum the only medicine which will save the lives of these little ones.

As Psorinum has many times brought about a vital reaction after a typhoid fever when all energies were suspended, and when psora was at the bottom of the trouble, so will Syphilinum cause the same vital reaction if it be syphilis that is the cause of the suspended energy when convalescence is prevented; and so also will Medorrhinum cause a reaction when the sycotic miasm is the cause of slow convalescence. A careful study of the provings and ample clinical experience lead me to state these things with assurance.

Psorinum does not cure psora, and Syphilinum does not cure syphilis, nor does Medorrhinum cure sycosis.

I have traced epithelioma, red phthisis, cauliflower excrescences, sterility, and erosions to a sycotic origin. Pernicious anæmia often has gonorrhœa as its base.

This led me to the discovery of Picric acid as a sycotic medicine through its relations to pernicious anæmia. It even cures figwarts and gonorrhœa—of course, when indicated.

Iritis is supposed to belong almost exclusively to syphilis; syphilis when not suppressed may produce iritis. Gonorrhœa produces it only when suppressed.

One, two, or all three miasms may exist in the system at the same time. They may complicate each other. Let a patient start out with psora, then let syphilis ravage his system, finally the gonorrhœal miasm is added, while all the time he is being filled and overpowered with drugs.

Just think what a complication we have to deal with.

Hahnemann recognizes the alternation of one miasm with another. He gives Merc. for syphilis, perhaps then psora comes uppermost and he finds Sulph. indicated, then sycosis comes and alternates with one or the other, and so on.

Make note of what you see in the backward course of disease (*i. e.*, when it is getting well), and you will see more and more the relation of these things. Do not make haste to prescribe for old symptoms that come back. Be sure that the symptom is going to stay, for you will have flitting images. Old symptoms come and go and need no further repetition of the medicine.

If you give a new remedy when not needed, you spoil your case. Never prescribe for a moving image, wait till it rests. 'Tis your duty to understand your business before you attempt to do anything.

Miasms are the foundation of all chronic diseases. He who sees in Bright's disease nothing but Bright's disease, not the deep miasm back of it, sees not the whole disease but only the finishing of a long course of symptoms which have been developing for many years.

If you go at it like a common tinker you may cure acute sickness, but on your life, do not tamper with these chronic diseases. With your best endeavor you will make mistakes, but make them as few as you can. Do you see the necessity of going to the foundation of these things?

## THE CHARACTERISTICS OF TEN TISSUE REMEDIES.

Most of the ten remedies to which I call your attention are now prescribed chiefly upon clinical indications. It shall be my endeavor to bring forward some few symptoms, which may guide us in our use of these drugs. They have, many of them at least, been neglected in our study and use of the *materia medica*.

### CALCAREA FLUORICA.

For our knowledge of the pathogenesis of this remedy, we are chiefly indebted to Dr. J. B. Bell, of Boston. The drug, as proven by him and his associates, shows symptoms which give promise of usefulness when further proven and studied.

Mentally, we find depression of spirits, with a marked fear of financial ruin. (Note.—Other drugs have a similar symptom; thus, patients think they are poor, is found under Bell., Hepar, Nux-v., *Sepia*, Valer. The Arsenic patient thinks his family will starve.) So far clinical experience has shown Calc-fl. to be useful in cases of indurated glands (compare with Asterias, Baryta, Conium, Phytolacca, Silicea, Sulphur, etc.), like the *mammæ* or testicles; also for nodes and exudations on bones—these latter are usually irregular in shape—and for suppurations of bony tissues. (Calc-p., Sil., etc.)

The pains are generally worse in damp weather but are ameliorated by fomentations; are also better from lying on the painless side and from motion. There is a backache, very like that of Rhus, caused by a strain, worse from rest, better from motion and warmth. We also note a cough from tickling in the larynx, not relieved by coughing (which is very like the cough of Ignatia and Marum). The urine is more profuse, especially at night; the patient is awakened at night by an itching at the anus from pin worms. The only peculiarities we observe under this drug are the fear of financial ruin, the stony hardness of its glandular swellings, and the irregular shape of its bony growths. The mental symptom is also found under other drugs which are frequently indicated in diseases of bones and glands.

### CALCAREA PHOSPHORICA.

This drug is so well known that I shall pass it over with a very brief notice, it being our intention this evening to study



those remedies which have not been so thoroughly proven or so much used.

The mental condition of Calc-ph. is dull, obtuse ; also anxiety. Patient is worse from grief or bad news and when thinking of his complaints. Like Agar., Bar., Chin., Ferr., Helon., Stram., Thuja, the Calc-ph. patient is better when occupied. The aggravations from thinking of ailments and from exposure to cold, damp weather are the prominent conditions of this remedy. Vertigo in old, debilitated persons. (Also Baryta, Carbo-v.)

The headache is generally of a dull kind, which is better from cold applications and when occupied mentally. Smoking also relieves the headache. In the headaches of school girls we think of Calc-ph. or of Phos-ac. With Calc-ph. these girls show signs of mal-nutrition ; with Phos-ac. the headache is rather from overstudy. (We must also recollect the Silicea pains, etc., in growing children.) With thin, emaciated, peevish babies, whose fontanelles remain open too long, or close and open again, we think of this remedy. (Here, as elsewhere, it is important to distinguish between Calcarea c. and Calc-ph. Both have the large head and the open fontanelles ; Calc-c. has enlarged, swollen abdomen, the stools are generally white, there is a craving for eggs, profuse sweat on back of head during sleep ; it has not the aggravation from thinking of complaints, nor so marked an aggravation from damp weather.) Calc-ph. is very useful in the tardy dentition of thin, fretful children, whose bones do not properly develop. Infants, who want to nurse all the time and yet don't thrive. They will vomit their food continually, whether it be mother's milk or other food. They have colic after each feeding. Sometimes they will refuse to take the breast because the milk is too salty.

There is a coryza which is fluent in a cold room, but stopped up in warm air or out-doors, with an increased flow of saliva. The face is pale and thin yet the head is large. Fauces are swollen ; warm drinks do not hurt ; swallowing the saliva pains more than food. (Also Cocc., *Lach.*, Merc., Crotal.) Pain in the throat, chest, and epigastrium on swallowing.

The appetite comes when thinking of food. (The reverse of Mur-ac., Sars., etc.) Sometimes there is a want of appetite before or during menses. A craving for ham or for smoked meats. Nausea and pressure in stomach, which are relieved when at rest. Pain in the stomach from least morsel of food. Oozing of blood from the navel of infants. (Also Abrotanum, which remedy it resembles in marasmus.) The pains in the abdomen are better after

stool, by passing of flatus and after leucorrhœa. The diarrhœa is generally greenish, hot, and often profuse and watery.

Calc-ph. has nymphomania; aching, pressing, or weakness in uterine region; prolapsus in debilitated persons, etc. All of its uterine symptoms are to be found in women who are debilitated or who have rheumatic pains from the least exposure to cold, damp weather. (Wherein it strongly resembles *Dulcamara*.) (In its various menstrual or leucorrhœal troubles in rheumatic females, Calc-ph. resembles *Cimic.* and *Caul.*)

Chest troubles in persons suffering from fistula in ano, especially when the symptoms seem to alternate between the chest and the anal trouble. (*Berberis* also.)

We find rheumatic pains in back and limbs, worse from motion and from least exposure to dampness. Calc-ph. is especially indicated in women whose joints ache and pain at every change of the weather. When after exposure to dampness we find stiffness of neck with aching and soreness of limbs; wandering pains in the limbs, especially in sacral region and down the legs; all worse at any change of the weather. Rheumatism with uterine displacements.

Calc-ph., with *Symphytum*, is often indicated in cases where the bones do not grow together after a fracture.

Hering tells us to compare Calc-ph. with *Berb.*, *Calc-c.*, *Calc-fl.*, *Fluor-ac.*, *Ruta*, *Silicea*, and *Sulphur*, in bone affections, fistulæ, etc.

In joint affections, rheumatic and suppurative, with *Berb.*, *Kali-phos.*, and *Natr-mur.*

In dental caries, with *Fluor-ac.*, *Mag-phos.*, and *Silicea*.

In epilepsy, with *Calc.*, *Ferr-ph.*, *Kali-mur.*, *Kali-ph.*, and *Silicea*.

In spasms of the eyelids, with *Calc.* and *Nux-v.*

In diabetes, with *Kali-ph.*, *Nat-ph.*

In tabes mesenterica, with *Ars.*, *Iodum*, and *Merc.*

In hemorrhages, with *Ferr-ph.*

In worm affections, with *Nat-ph.* (Removes disposition.)

In debility after acute diseases, with *Psorinum*, which has greater tendency to profuse sweats.

In the peevishness of children, with *Cham.*, *Cina*, and *Kali-ph.*

### CALCAREA SULPHURICA.

Hering tells us that "Calc-sul. resembles *Hepar* but acts more intensely and more deeply, and is often useful after *Hepar* has ceased to act." From the meagre record of this drug, given in

the *Guiding Symptoms*, we find it is chiefly useful for inflammations and suppurations; for effects of blows, etc. For the eye, after an injury by a splinter, like Acon., Silicea, and Symphytum. For otitis, after a blow on the ear. (Compare with Arn.) The pus discharged is thick, yellow, as is also the nasal discharge. Of the skin symptoms, we read of "many tender pimples under the beard, exuding an oily matter." (Other remedies having these pimples are, Agar., Ambra, Calc., Graph., Lach., Nitr-ac.) With Calc-sul. cold drinks temporarily relieve the colic; washing the face with cold water relieves an excoriating coryza. There is general aggravation from working and washing in water.

### FERRUM PHOSPHORICUM.

The following indications for Ferr-ph. are given by Farrington: The pulse is full, round, and soft; the inflammation has not yet gone on to exudation; it is merely what is termed dilatation of the blood-vessels. The chest is sore and bruised. If there be a discharge of pus or muco-pus, then Ferr-ph. is not the remedy. The expectoration is blood streaked from simple congestion. If a patient with phthisis take cold, and so become greatly prostrated and have a blood-streaked expectoration, then Ferr-ph., even in the 200th potency, would quickly relieve the pulmonary congestion. So, too, in secondary inflammation following pneumonia; one lung is inflamed, when suddenly the other becomes congested. Here, again, Ferr-ph. acts. Or, suppose, on a warm summer's day, a child is exposed while perspiring and takes cold. In consequence inflammation of the bowels sets in; the stools are watery and bloody; there may be some urging but no tenesmus. Here, too, Ferr-ph. would relieve.

Aconite has a full, bounding pulse, with dry heat of the skin, anxiety, fear of death, and restlessness. Its symptoms betoken *active* congestion, while those of Ferr-ph. indicate rather a *semi-putrid* condition of the blood-vessels. Gelsemium is more like Ferr-ph., but with its fever there are prostration, drowsiness, and paralysis of muscles; they will not obey the will. Patient is drowsy and wants to remain quiet.

The pains of Ferr-ph. are said to be aggravated by motion and relieved by cold.

### KALI MURIATICUM.

Potassium chloride has not been proven, therefore we have no reliable data for its use. Clinically or empirically, it is chiefly



recommended for glandular swellings or for rheumatic, gouty pains which are worse from motion, accompanied by white or grayish coating at the base of the tongue. These indications are not to be relied on, as they are far too vague and are only clinical. Why should one use such remedies as this when he has many well-proven remedies which cover the same ground? Bryonia, for instance, has the symptoms which are given as indicative of Kali-mur.

### KALI PHOSPHORICUM.

Potassium phosphate is also an unproven drug, and hence we have no reliable data for its use. Clinically it is recommended for "neuralgic pains, occurring in any organ, with depression of spirits, failure of strength, sensitiveness to light and noise; improved by pleasant excitement and from gentle motion, but is mostly felt when quiet or alone." (Boericke and Dewey.) These symptoms remind us of Pulsatilla.

### KALI SULPHURICUM.

Of Potassium sulphate we have practically no provings, as the scanty records given in the *Encyclopædia* are useless. Clinically it has been recommended for loose, rattling cough, which hangs on after other symptoms have been relieved, when patient is worse indoors and better out in the air.

In yellow, thick mucous discharges with these conditions it has cured. Two interesting cases are reported by Dr. Wm. P. Wesselhœft. (See Drs. Boericke and Dewey on the *Twelve Tissue Remedies*, p. 113.) We quote from these cases the following:

1. Thick, yellow, offensive ozæna, alternating with watery discharge; has been affected with it for eighteen months; has lost taste and smell; left nostril worse. Catamenia every three weeks. Takes cold very easily. Still-born child three years ago. Kal-sul.<sup>12</sup> in water, to be taken once a week. In one month reported catarrh entirely well; has regained much of the lost senses of taste and smell.

2. Male, light complexion; about once a week a thick, dark brown, semi-fluid accumulation of pus formed in the left upper nostril; on being blown out, it omitted a terrible stench. About a month previous a piece of carious bone was taken from the antrum Highmori through an upper left alveolus, from which a tooth had been drawn four years previous. The probe entered the antrum freely. Calcarea, Silicea, and several other remedies

proved inefficacious. Three weeks after having taken two doses of Kali-sul.<sup>6</sup> in water, morning and evening, a tablespoonful, for four days, nothing more remained of the discharge, and the alveolus closed so that no probe entered.

Kali-sul. is also used for wandering rheumatic pains. Its characteristic conditions are like those of Pulsatilla—aggravation in the evening and in a heated room, better out in the cool air.

### MAGNESIA PHOSPHORICA.

The phosphate of Magnesia is also an unproven drug; its clinical history gives promise of a very useful remedy if well proven. Its clinical use in the past has been chiefly confined to shooting neuralgic pains, severe neuralgic pains of head, eyes, or face, which are right-sided, shooting, very severe, and are relieved by external warm applications. These seem to be the indications for Mag-ph.

It is also useful for a colic, often flatulent, which causes the patient to bend double; is better from rubbing, from warmth, and is accompanied by eructations which do not relieve. These few notes will recall to your minds the case mentioned at the last meeting of the I. H. A. by Dr. Wesselhœft. It may be well to quote it here, to further illustrate the action of this remedy. Concerning Mag-ph., Dr. Wesselhœft said: "I made a cure with Mag-ph. very similar to the one Dr. Nash has just reported. It is one, I think, could never have been made without Mag-ph.<sup>cm</sup>. It was an astonishing cure. The case was of a neuralgic character; the patient an old lady of sixty-six. I saw her first about six years ago. I wondered that any cure could be made on any one who was so attenuated, so thin, and so lacking in vitality. I have observed that Mag-ph. has three peculiarities—it is an entirely right-sided remedy, the pains are chiefly supra-orbital, shifting, and are relieved by warmth." (See HOMŒOPATHIC PHYSICIAN, Vol. VII, p. 254.) (Silicea will be remembered as having this relief from warm external applications. Cinnab. and Iris have relief from heat of the hand.)

### NATRUM PHOSPHORICUM.

Under the supervision of Dr. Farrington provings were made of Sodium phosphate; they were mostly with the high potencies. Mentally, we find chiefly anxiety and fear of evil of some kind. Awakens at night with anxiety. Melancholy after seminal emissions. Awakened at night, fears his child, who has

a trifling ailment, is dead; he goes to her room to see. (You will remember that Natr-m. has a very similar feeling, in that after dreaming of robbers will not believe they are not in the house until search is made.) Is easily startled by the least noise, especially at night, causing palpitation. Headaches in afternoon, after menses. Headache better after breakfast, worse after dinner. Ears, intolerable burning and itching of right ear, has to scratch until it bleeds. Nose as if full of mucus. Great fullness at root of nose; skin feels drawn tightly over it in evening. Left nostril sore, painful; picks it continually; scabs form. Dropping of thick, yellow mucus from posterior nares, worse at night, awakens him, must sit up and clear the throat. Pricking in throat, worse swallowing liquids, better from solids. Tongue coated yellow (creamy or golden). Blisters on tip; sensation of hairs on tip, followed by prickling numbness of whole mouth. (Sensation as of hair on tongue is found under All-sat., Kali-bi., Natr-m., and Silicea.)

Stomach, canine hunger, cannot wait for dinner (also Sulphur). Gone feeling in stomach, morning on rising, or at eleven to twelve A. M. (at eleven A. M. is also under Hydr., Lach., *Sulph.*, and Zinc.); empty, gone feeling all day, but worse after eating (also Sang.); desire for beer, which relieves this gone feeling. Heaviness or pressure in stomach better after eating. Averse to bread (also Nat-m. and Sulph.) and butter, lasting for weeks.

Abdomen, while at stool, sensation as if a marble dropped in left abdomen. Pain through right groin day after an emission.

Rectum, etc. Sore, raw feeling at anus, with desire to retract the anus, which relieves. Rawness at anus, with desire to scratch it. After coitus urging to stool and to urinate. Must bring will to bear to prevent the escape of feces. [Like Aloe.] After a large, soft stool feels as though some remained behind.

Urinary, etc. Urine increased, must strain to pass, must wait before it will pass. Frequent seminal emissions, with or without dreams. Emissions after coitus. Semen thin, watery, smells like stale urine.

With the female the menses are too early, with aggravation of symptoms afterward; especially of headache, of palpitation, etc. During the menses icy-cold feet by day, burning at night, in bed. Empty feeling in chest and abdomen after a meal. In the lower extremities we have a variety of pains, chiefly felt when walking. Legs suddenly give way, as if paralyzed, when walking. Sleep is restless, especially during and after the menses. (Restless or disturbed sleep in connection with the menstrual flow is often complained of; the following remedies



have this symptom during menses: Alum., Amm-c., Eupion, Gent-c., Kali-c., Mag-c., Natr-m.) The most marked condition of this remedy is the amelioration of the heaviness at epigastrium and the pressure by eating.

### NATRUM SULPHURICUM.

In speaking of the sulphate of Sodium I shall quote largely from the lecture on "Natrium Sulphuricum and Sycosis," by Dr. Kent, published in THE HOMŒOPATHIC PHYSICIAN, Vol. VI, page 275. This is perhaps the most valuable of all the drugs to which your attention has been called this evening; it deserves more study than has been given to it.

Mentally we have anxiety, irritability, desire for death, aversion to life and the things that generally make life pleasant and agreeable. So great is this satiety of life the patient has to *use restraint* to prevent doing herself harm; this is very characteristic of Natr-sul. Satiety of life, aversion to life, great sadness, great despondency, with irritability and dread of music—music makes her weep, makes her sad or melancholy. These symptoms run through all the Natrums, but are especially strong under Natr-sul. Cheerful or happy *after stool*, which is so characteristic of Borax, is also found under Natr-sul.

Under the head we have violent crushing pains, especially at the base of the brain. Sick headache with bilious stools or vomit. In chronic cases of conjunctivitis with granular lids, green pus, extreme photophobia, so great that patient can't open his eyelids, lest the light of the room bring on headache and great distress—these, together with the aversion to life, strongly indicate Natr-sul. (It is here to be compared with Graphites.) Earaches, worse on going from cold air into warm room, in damp weather or after living on damp ground. Stopped, stuffed-up nose; nose-bleed during the menses. (Natr-ars. has this stopped nose more strongly than any of the Natrum compounds. The patient feels stuffed up in nose and chest; nose stopped at night, must breathe through mouth; nasal discharge is yellow; mucus drops from posterior nares into throat [also Natr-ph.]; pieces of hardened bluish mucus blown from nose.)

There is a toothache worse from warm drinks and intolerably aggravated by hot ones; lessened in cool air. (Aggravation from *hot* food, Bell., Calc., Ph-ac.; Bryonia is worse from warm and better from cold food. Amelioration from cold air, Nux-v., Puls.) Mouth always full of an unpleasant "slime;" con-

stant hawking up of mucus. (You will recall to mind here the characteristic complaint of the Sulphur patient, that "all her troubles seem to be caused by the nauseous saliva" which fills her mouth.) We have burning in mouth and on tongue as if from blisters or from highly seasoned food.

There is a distended feeling in the stomach; a sense of weight in stomach; a full feeling extending into chest with difficult breathing; a beating in stomach with nausea; almost constant nausea; vomiting of bitter, sour slime.

Aching, sometimes cutting pains in region of liver, with great distress there. Cannot bear tight clothing around the waist (Lach., Spong., Calc., Graph., etc.); a weight in region of liver; a sensitiveness to touch, pressure, deep breathing, walking; must lie on back, pain when moving to either side. There is, too, a griping in abdomen better from kneading it. Diarrhœa, worse in wet weather and in cool, evening air (also Merc.). In cases of chronic diarrhœa where the stool is watery, is expelled with a gush accompanied with much flatus; is worse on first moving about after rising in morning.

Breathing, great dyspnoea, desires to breathe deeply during damp weather. After sunset an oppressed feeling in chest and feeling as of a ball in throat, with a hysteric tendency to cry. Asthma in young people at every change of the weather. (See China.) Empty feeling in chest with a cough that compels one to hold the chest; at night must sit up and hold the chest. (Arn., Bry., Dros., Natr-m., Sepia, Phos., all have this holding of chest on coughing.) The expectoration is thick, green, and comes up freely. When the chest rattles with mucus, with expectoration of large quantities of white mucus, with asthmatic breathing, this drug should be studied.

In cases of chronic gonorrhœa, with greenish discharge, this drug is recommended. The discharge, instead of running off into a white, gleety mucus, continues thick, yellow, and green. Natr-sul. here competes with Merc. and Thuja, both anti-sycotics; with Natr-sul. there is generally very little pain, it is almost painless.

Dr. Kent sends me a note saying that Natr-sul.<sup>5c</sup> produced a whitish discharge from the urethra, lasting four days, without any irritation. Also, in another case, the same potency brought back a gonorrhœal discharge many years suppressed.

This is a remedy for paraitium when the pain is easier out-of-doors; the patient is pale, thin, sickly looking; is weary, has dullness of head; is worse in mornings; especially when caused by living in damp places. On the skin we have eczema,

moist and oozing profusely; sycotic, wart-like eruptions about anus and elsewhere on skin.

This remedy has a very marked aggravation in damp weather and from living in damp places; also complaints from eating fish and water plants.

E. J. L.

## MERCURIAL POISONING.

TRANSLATED FROM THE "ZEITSCHRIFT FÜR HOMŒOPATHIE,"  
BY DR. A. McNEIL.

During the session of the Berliner Medicinische Gesellschaft (Berlin Medical Society), of November, 1887, Professor Virchow gave a lecture, illustrated by pathologico-anatomical preparations, on poisoning by corrosive sublimate (Mercurius corr.). He showed that by washing wounds with the now fashionable solution of the sublimate in order to kill the supposed dangerous bacteria, inflammatory conditions of the intestinal mucous membrane were produced. This was more particularly the case in the large intestines, and when thus inflamed it was hardly to be distinguished from dysentery. He was convinced from autopsies recently made that many patients had died, not from dysentery, as supposed, but from poisoning by corrosive sublimate used in the treatment of wounds. These observations were indorsed by Professors Liebreich and Senator.

Every homœopathic physician, since the publication of Hahnemann's *Materia Medica Pura* is acquainted with the fact that the symptoms of dysentery [some varieties—McNeil] are similar to those of the proving of Mercurius corr., and that this sublimate of quicksilver, when homœopathically potentized, is one of the best known and most useful remedies in treating inflammation of the bowels.

These boasting academicians, bloated with "science" and bragging of their "rational" treatment of the sick, might learn much from the "unscientific" homœopaths; might learn at least not to make men sick with their crude experiments at disinfection. The confessions of these distinguished professors prove they do not know how to treat these and other diseased conditions. [How about the "scientific" treatment the poor Crown Prince is now receiving from the most celebrated physicians the "regulars" can boast of? Shall we desert Homœopathy to try such botching?—EDITOR H. P.]



## A CASE OF FATAL POISONING BY CHININUM SULPH.

(From *Allg. Med. Centr. Zeitung*.)

Two soldiers, thinking they were drinking a solution of Glauber's salts, swallowed each a cupful of a five per cent. solution of Quinine. All the tissues of the body soon turned pale, especially the face; the pupils dilated to their utmost, the eyes became protruded and staring; the breathing was accelerated with dyspnoea; pulse retarded, small, and from time to time filiform, irregular, and intermittent; the temperature of the body diminished. It seemed as though the nervous system were not attacked at all. One died after two hours, the other recovered rapidly. The fatal dose was twelve grammes, whereas it has been asserted that it takes thirty-five grammes to produce dangerous symptoms of poisoning. In Allen's *Encyclopædia* we read: Symptoms—161, disk and retina very anæmic; 168, pupils very much dilated; 170, dimness of sight, even to blindness; 245, face pale and suffering; 250, great paleness of face; 669, acceleration of heart's beat; 720, temperature depressed; 721, pulse regular, very weak, scarcely perceptible; 759, weakness of limbs, they will not obey the will; 1010, general chilliness over the whole body, especially the back; icy coldness of the body.

S. L.

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### SOME CLINICAL CASES.

GEO. W. SHERBINO, M. D., ABILENE, TEXAS.

DYSMENORRHOEA.—Miss — has had painful menstruation for several years; is strong and healthy in other respects; is of of a lymphatic temperament. At the approach of the menses she becomes weary and languid; has headache and backache, more across the sacrum; aching all over the body; *deep aching in the bones; bed feels hard; becomes stupid and drowsy.* Tongue is coated yellow down the centre; no appetite; cannot digest her food; it makes her sick. Has "fever," sometimes delirious at night. Vertigo on rising up. (Acon., Bry., Phyt.) Feels better when keeping quiet (Bry.), *yet the bed gets so hard she must move to find a soft place.* Soreness in the uterine region and abdomen; bearing down. These symptoms all leave with the flow, to reappear at the next period.

Cured the case with Baptisia<sup>cm</sup>. in three months, giving a dose before the flow came on, followed by S. L. during the intervals.

NECROSIS OF THE LOWER JAW.—Mrs. —, a brunette, æt. forty, was taken with pain and swelling of the lower jaw in the region of the incisors; the swelling spreads backward, involving the whole jaw; it was so great as to evert the lower lip, and the whole face was swollen; there was also some fever present. The pain was not of a characteristic kind; the parts were red; the sleeplessness was very great, with starting and jumping in sleep. (Bell., Nux-v., Opium.) The case had gone on for several days without any improvement, when her friends, becoming dissatisfied, took the case from me and turned her over to the mercies of a "regular," who gave her Morphine and "Spiritus frumenti" *ad libitum*. She lost all her teeth in the lower jaw, from the first molar on one side to the first on the other, and some pieces of necrosed bone were extracted, leaving a large cavity, from which pus flowed profusely; her pulse was 132°, her temperature 100°; one can easily imagine her weak and wretched condition.

As the "regular" could do nothing for her relief, I was again called in; found her extremely weak and emaciated; as helpless as a child. In two weeks she was able to sit up; in three weeks she could ride out, and from this time she improved steadily. The first month she took three or four doses of Silicea<sup>5m</sup>, with S. L.; then she had two doses of the CM (Fincke). The second month she received Hepar<sup>12m</sup>, for the abuse of Mercury to which she had been subjected, and which caused excessive sensibility to touch, greatly aggravated on exposure to north or west winds. Hepar removed these symptoms and completed a permanent cure. Could surgery do more?

TYPHOID.—Was called to see a married lady who had been sick for two weeks under old school treatment; as she grew steadily worse, her husband despaired of her recovery. The doctor told him she would never get well. I found the patient unconscious, muttering to herself, talking unintelligibly. She wanted to go home; thought she had been poisoned; imagined that she had been confined, and that a young baby was in the bed with her; that the doctor had poisoned it; was picking at the bed-clothes; had subsultus tendinum; there was marked tenderness in the right iliac region with a boggy feeling, bubbling against my finger on touch. She would give evidence of pain on pressure; bowels were constipated; had had a calomel

purge a few days before, hence the constipation. The husband told me she had commenced her sickness with aching all over her body, and that she was so stupid the doctor could not arouse her; she would go to sleep while trying to answer him; she complained of pain in the back of her head down the spine; tongue had a heavy white coating; sordes on the teeth. I decided to give her one dose of Baptisia<sup>cm</sup> (Fincke), with S. L. every hour. Next day not quite so stupid, nor tongue quite so dry. Says some one shot her through the heart with a bullet. I have found this guiding symptom clinical—the patient squirts the water out of her mouth; this patient squirted the water clear across the bed. This made me think I was right in my remedy. Hering gives this symptom in his *Guiding Symptoms*.

She improved for several days on S. L.; the temperature came down from 103° to normal; one morning it was 96° in the axilla, 97° in the vagina. She had cold perspiration on her hands and arms; her pulse varied from 80° to 104°, never getting above 104°. Respiration was from thirty to forty per minute; the temperature would stay down a day or two and then go up again. It would go up and stay for a few days, then come down to sub-normal, 96°, with the cold hands and arms. Three times the temperature acted in this way, which is a very singular phenomenon, one I have never seen before; nor have I ever read of it. She was given the second dose of Baptisia as soon as the first had exhausted its action. This was all the medicine she had for two weeks. The temperature was very irregular. After the third week she knew every one who came to her bedside, especially in the morning. The symptoms seemed to change and the patient not to improve, but rather get worse again. There was the marked fan-like motion of the alæ nasi, which, indeed, had been present from the beginning. She was very restless, seemed worse from four to eight P. M.; no stools, and had used enema twice with no results. I had been using the catheter night and morning, as she had no power to urinate; the tongue was as dry as a chip; there was dropping of the lower jaw; gurgling in the left hypochondriac region; on saving some of the urine we found *red sand* in the bottom. I gave her one dose of Lycopodium<sup>3m</sup>. For a week she did finely, jaw not so depressed nor the tongue so dry; urine not so scanty. One morning she defecated and urinated in the bed; the urine had passed in the bed before, about the time I commenced using the catheter. About this time the temperature again went up to 103°. So I gave another dose of Lycopodium<sup>3m</sup>; she had a fluctuating temperature for a few days more, when it came down to nor-



mal. The bowels acted for the first time\* and the urinary organs were acting without assistance; the mind was clearing up, only when she had the cold spells, then she was flighty. I ought to have mentioned in the beginning that the diagnosis of the "regular" was ulceration of the womb. Before the patient was taken sick he had been dilating and cauterizing the cervix!! There was marked aggravation after the first dose of Lycopodium. Supposing I had repeated it every two hours, as is often the custom, I would probably have produced such a reaction that she could never have overcome it.

N. B.—This patient is a Bromidia eater; had been indulging heavily before she was taken sick. Some of her mental symptoms were probably due to this cause.

### A FIRST EXPERIENCE.†

EDITORS HOMŒOPATHIC PHYSICIAN:—I have been treating of late some rather interesting cases with Sulphur<sup>cm</sup>, which I will arrange later for publication, when they shall have been cured a sufficient length of time to justify a report. I concluded meanwhile to write you an account of the first case in which I witnessed the marvelous effects of the curative remedy in a dangerous disease.

It was early in my professional work that, on the 17th of August, an elderly gentleman came into my office and requested me to see his youngest daughter, then about fourteen years of age.

She had had, the week before, an attack of dysentery, which an eclectic physician had suppressed with walnut bark, and had apparently cured her; but the pains and tenesmus had returned more severely than ever. There was absolutely no stool, only

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\* NOTE.—The presence of constipation in cases of typhoid fever is to be regarded as a favorable symptom, and diarrhœa as the reverse. "I have not lost a single patient in whom the bowels remained costive up to the time of the crisis, when papescent stools afford relief."—JAHR.

"I said the same thing more than twenty years ago and can repeat it now. Hardly in the third week is the non-appearance of a stool to be regarded with any concern. The same applies to child-bed."—C. HERING.

† We publish this case of Dr. Gustin's, as it teaches a lesson by its failures and its final success. After trying empirical measures, Dr. G. had the good sense to return to homœopathic prescriptions and was well rewarded. His failure to do any good with Morphine should teach a lesson. It is just in this way that eclectic practice grows up; one fails after repeated hasty and ill-considered prescriptions. Then he says "something must be done," and goes off into eclectic practice. Prescribe slowly, carefully, and do not change your remedy, save for one *better* indicated! Give each prescription *time* to show its work.—EDS.

a *very scanty, white, glairy* substance, which was allowed to pass on a cloth as she lay in bed. She would lie upon her back, draw her knees up to her chin, and strain as though she thought she must have a stool, and then say, "Why won't it pass away from me?"

Her tongue was coated a yellowish brown, mostly in centre, with border and tip red; thirst for rather large drinks of water, and crampy pains in the limbs; was rather cross and fretful or changeable in humor.

I prescribed for her for five days before I succeeded in finding the remedy, although I was hunting for it day and night. I used *Bell.*, *Coloc.*, *Nux v.*, *Cham.*, *Ars.*, and perhaps other remedies; about the third day I thought I had the case under control with *Chamomilla*, but she was soon as bad as ever, in fact, was getting worse all the time.

She would frequently exclaim, "Oh! I know I will die if I don't soon get better." Would often say, "Oh! my bowels will burst." This symptom is given in some repertories as characteristic of *Arsenicum*, which was given in different potencies without effect, as might have been expected if the thirst had been kept in mind. She would often say her bowels felt as though they were all full of sore pimples.

On the night of the third day I gave her a large dose of olive oil with hope that it might possibly soothe the bowels and give her some rest; and she did become quiet, and had a good sleep for two hours, after which she was the same as before.

On the fourth day retention of urine came, giving her much additional pain. This was relieved by placing a flannel, wrung out of hot water, over the bladder. Patient kept on getting no better, and on the fourth night I gave her small doses of first trituration of *Morphine*, which seemed to keep her quiet during the night.

On entering the room next morning her oldest sister said my powders had acted very nicely, but a glance at patient's tongue showed me they were doing bad work; the coating was thicker, tongue becoming very dry, thirst increasing, and every indication of an unfavorable termination in a short time. Soon the urine was suppressed again, and this time could not be relieved as before.

A peculiar mental symptom\* was that "some one of the family

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\* Mental symptoms are our best guide; perhaps had this one been studied, the proper remedy would have been found. Patients think they have lost the affection of friends, is *Aur.* and *Hura*; think they are despised, is *Arg-n.* and *Lac-can.*—Eds.

was mad at her;" it troubled her very much during the fourth day, then disappeared. If told by every one that none were mad at her it would only satisfy her for a short time, but this symptom disappeared before the curative remedy was given.

For two days I had been studying *Sulphur* for the case, but could not see it clearly indicated.

There was nothing in appearance of the patient to suggest the remedy, but from the appearance of the tongue, the sensation as of pimples in the bowels with tenderness to touch, the tenesmus of the rectum and bladder, and, perhaps, other points which I cannot remember now, and remembering she had told me the trouble first began in the morning, I concluded that the only thing that could offer any hope was to give one dose of *Sulphur* and wait six hours.

The medicine was a graft of the CM potency which I had received from Dr. Z. Hockett, of Anderson, Indiana, that veteran homœopath of our State. I received it by letter, in a pasteboard vial which was mashed in the letter. I put the pellets in a vial, dissolved them with water condensed on a piece of glass over a teakettle, and filled the vial with alcohol. I gave the patient a single powder of this about nine o'clock, and left to return at four.

Within half an hour after taking the medicine she passed water easily, had a natural fecal stool, and slept well. At four o'clock I found her with moist tongue, free from pain, with some tenderness of bowels, but in good spirits. She kept her bed for a few days but recovered without any more medicine, and when her father called, two months later, he said she had not looked so well for three years.

This was my first experience with a "fluxion potency," and ever since then I feel I have a "friend in *Sulphur*.<sup>m</sup>"

F. M. GUSTIN, M. D.

UNION CITY, IND.

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## CLINICAL NOTES.

EDITORS:—The following may be interesting to the worthy readers of your valuable journal. Miss A. came to the hospital as nurse in October. For some time before leaving home dreaded the new experience, and often freely expressing her feelings in tears. When she arrived had a severe headache, nausea, and later vomited a very bitter substance.

Being fair, gentle, and petite in form, Puls.<sup>m</sup> was given, which relieved the headache, but nausea and disgust at food con-



tinued for several days, with a painless, watery diarrhœa, which Ipec. and Arsen. in turn failed to subdue. Had noticed the *flushed face* and *trembling voice*, but attributed them to the surroundings, until one morning, as I entered the ward, a patient said, "Doctor, Miss A. is so homesick she cries nearly all the time." Ah! is that the secret of all this suffering? I thought. Calling her to my room, I found her loneliness was almost beyond endurance; that letters from home were unopened for hours as the cheering contents only increased her suffering. This was her mental condition for over a week, which she was bravely trying to rise above. Caps. ann.<sup>m</sup>, one dose, dry on the tongue, and before evening she was singing in a tone that indicated a contented mind. During her stay with us has not had a return of the mental condition, greatly to her delight as well as our own.

CASE II.—A gentleman said to me one day, "I have a peculiar sensation every time I walk, midway between groin and neck, seems like a bunch of needles or pins sticking in deep; do not feel it when sitting. Bry.<sup>em</sup> subdued it within an hour.

H. W. ANDREWS.

## FISH-BRINE ODOR.

E. W. BERRIDGE, M. D., LONDON.

Dr. G. H. Clark's valuable *Repertory of Aural Discharges* has suggested the following comparison:

*Calcarea* has—Oozing of fluid from rectum, smelling like herring-brine. *Guiding Symptoms*, p. 167.

*Graphites* has—The scab of an ulcer, smells like herring-brine. *Encyclopædia*, Symptom 1038.

*Medorrhinum* has—Oozing of moisture from anus, fetid like fish-brine.

*Sanicula* has—Vaginal discharge after coitus, smelling like fish-brine.

*Tellurium* has—Discharge from ears smelling like fish-brine. Are there any others?

Under *Pterygium*, in addition to those he names, my *Eye Repertory* gives *Arg-n.*, *Apis*, *Arsen.*, *Cannab.*, *Chelid.*, *Euphr.*, (*Formica*), *Laches.*, *Nux-m.*, *Puls.*, *Ratanh.*, *Ruta*, *Spig.* (*Trombid*).

**CHELIDONIUM.**—Dry cough through the day with pain and stitches in the *right side*, with severe *hoarseness* each evening at *five o'clock*, so that her voice could scarcely be heard.—C. CARLETON SMITH.

## A VERIFICATION OF CICUTA VIROSA.

ALFRED HEATH, ESQ., LONDON.

M. L., a domestic servant of mine, aged twenty-four, came to her mistress about eight P. M., asking for brandy. Before anything could be done she suddenly fell on the floor in a violent epileptic fit, in which she remained until two A. M., six hours. The following were her symptoms: Eyes staring, unaffected by light, total insensibility, at one time starting up and striking forward both fists at once at some imaginary person, then throwing her arms violently to the right and left, striking heavily the sofa on which she lay; before, at times, it could be prevented, clenching the teeth and biting the tongue, clenching the hands, and various other movements of a clonic character. Then all at once the symptoms would change into the most rigid tonic spasms—limbs and body set as if made of steel and immovable. I knew nothing of the cause of this, and the girl has been in apparent health. I gave her some of the most usual homœopathic remedies, but without any effect whatever. Suddenly she began a different movement, a violent *trembling and jerking of the right arm*. This made me think of *Cicuta*, although in the pathogenesis it chiefly affects the left arm; but as many of her other symptoms were covered by *Cicuta*, I immediately got the first bottle within reach, 3C, and poured two or three drops between her teeth. In less than ten minutes she looked at me, perfectly conscious, and asked me what was the matter. This occurred more than two years since, and she has never had the slightest return of the trouble up to this time.

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## SOME TRIBUTES TO THE MEMORY OF THE LATE DOCTOR LIPPE.

Dr. Bayard :—He was a grand physician. The Ajax of our school, he stood with his broad ax guarding the citadel of truth.

Dr. Hawley :—The news of the death of our venerable co-laborer, Dr. Ad. Lippe, was a very great shock to me. We shall miss his ever ready and always ardent defense of our school.

Dr. Ballard :—The loss is not only irreparable, but it is the

greatest that could have befallen our school. He has left his handwriting on the wall, where it will be read for all time.

C. B. Gilbert :—Dr. Lippe has been a guide and a counselor ever since I began the study of medicine ; knowing his great services to humanity and his firm adherence to true Homœopathy as a physician, I deeply mourn his loss.

Dr. J. A. Biegler :—The announcement of Dr. Lippe's death came to me as an awful visitation which has deeply depressed me. I have known the qualities of character which have made him great among his fellow-workers and revered by all who really knew him. The world has lost a benefactor and we a master mind.

Dr. Kent :—Sad loss, indeed ; I loved him deeply. We shall all miss him ; he was a master in the art.

Dr. Swan :—I have great respect for his memory as a physician, and consider him to have had no equal in this country and to have been the peer of Bœnninghausen in Europe. And it is a long way down to the next !

Dr. John Hall, Sr. :—The intelligence of his death was a source of deep grief to me, so deep that I hardly know where to go for relief. Many favors and hints have I received at his hands, and these during a long time. Our cause will suffer severely by his loss and all true men will lament him. May his mantle fall on many new and good men and women !

Dr. Julius Schmitt :—His age had prepared all of us to some extent for this great calamity ; still, we hoped and prayed that this, our greatest man, might be spared as long as possible. He has left a great many valuable products of his storehouse of homœopathic wisdom ; but he could not leave us everything he knew. For me he has been, since I made his acquaintance through his writings, the man to whom I looked up to with the highest reverence and esteem. To master our art as he mastered it has always been my desire, but who can reach that high position from which he looked down on us all ?

Dr. Theo. Kafka, Prague :—I beg you to accept my sincerest condolence on that dreadful misfortune you have experienced in the death of your husband, who was one of the staunchest partisans of Homœopathy and one of its greatest savants since Hahnemann.

Dr. Pomeroy :—Whatever others may think or do, it remains true that our school of medicine has but very seldom sustained so great a loss as in the death of Dr. Lippe.

The above are a few extracts from letters received by friends of Dr. Lippe ; their publication, we trust, will not be considered



a breach of confidence on our part. We also add a few extracts from the papers and journals :

**MEDICAL ADVANCE:**—\* \* \* \* Such is the brief yet sad announcement which terminates the earthly career of perhaps the best-known, the ablest, therapist and the most successful prescriber which the American school has produced. A worthy disciple of the immortal Hahnemann both in his teachings and practice, his death leaves a vacancy in our ranks which we fear will long remain unfilled.

**MEDICAL COUNSELOR:**—The loss of so prominent and valiant a champion of Hahnemannian Homœopathy may be said to fall most heavily on those who share the extreme views ever held and vigorously advocated by the deceased. Yet all believers in homœopathic therapeutics and teaching will sincerely mourn the departure from this life of a man who to the very last displayed a firmness of conviction, a tenacity of purpose, and a degree of consistency which in faithfulness to the "Master," as Lippe ever called Hahnemann, far excelled the example of all other disciples. Indeed, in all the history of Homœopathy not another instance is to be found of a man spending almost half a century in the advocacy of the doctrines of Hahnemann. \* \* \* \* If any man ever deliberately consecrated his life to a specific object, then Lippe consecrated his life with all the energy and aggressiveness of his nature to the spread of the doctrines of Hahnemann. The entire and long period of his professional activity was warfare upon each and every one who in any way, shape, or manner transgressed the law of Hahnemann. \* \* \* \* Yet it must not be forgotten that he rarely, and perhaps never, entered into a controversy in order to glorify himself. It was always a violation of the teaching of Hahnemann which aroused the ire of the old hero; and the careful reader of the innumerable articles bearing the signature of Ad. Lippe is forced to admit that they are singularly free from egotism. \* \* \* \*

No, Lippe belongs to us all. The lessons of his life, in its unmatched consistency and perfect devotion to a conviction, belong to us all. The memory of his perfect surrender of himself to a fixed purpose, of his utter faithfulness at all times and under all circumstances, will be cherished by all. Human imperfections are now forgotten, and the name of Adolph Lippe will not be spoken save in reverence and love.

**THE CHIRONIAN:**—Professor Adolph Lippe died at his residence, No. 1204 Walnut Street, Philadelphia, on January 23d, after a three days' illness of typhoid-pneumonia.

Homœopathy has always looked up to Professor Lippe as a great teacher, which he truly was in the best sense of the word. His contributions to our knowledge of the *materia medica* are standard wherever Homœopathy is known, and will be valued the more, now that their talented author has gone.

His reputation spread all over the world and he was recognized as a master.

The loss is a great one ; one we know not how to fill.

THE CALIFORNIA HOMŒOPATH :—Adolph Lippe, the old warhorse of pure Homœopathy, died January 23d, 1888, and with him another link is severed which bound the old guard together. Adolph Lippe may have made, by his sturdy ways of detecting fatal errors, many professional opponents ; but even they have to acknowledge now that our deceased teacher was not only honest in his convictions, but he dared to offer battle to all who in their mode of constructing Homœopathy yielded to the *suaviter in modo* more than to the *fortiter in re*. No alliance with any society who did not fully carry out the principles of the master, as laid down in the *Organon*, was the rule of his life, and he carried out that rule at the bedside and in the literature of the day, and he was a successful healer. It would be well for Homœopathy if we had more of his stamp, and those who knew him best loved him well, despite his rough manners, which resented every infringement on the domain of pure Homœopathy. Blessed is the man who dares to live up to his convictions during a long and well-spent life ; truth knows no half-way station, and Adolph Lippe will always be honored and revered as a true follower of Hahnemann. He is gone to join the departed members of the old guard. Only a few are still allowed to tarry, but may the old and the young physicians of our school always follow such a noble example as the departed gave us, and humanity will be the gainer by it.

S. L.

THE NEW YORK MEDICAL TIMES :—Dr. Lippe was an earnest and consistent Hahnemannian, an able and pungent writer, strong in his friendships and unsparing in his denunciation of what he believed to be fraud and hypocrisy. His clinical reports and his translations from the German, French, and Italian of valuable essays and treatises brought him prominently before the medical public. His belief in Homœopathy was so earnest and so entire that he found no language too strong and no criticism too sharp for those who used what to him was a sacred name to cover what he called a "mongrel

practice." Almost the last of the so-called high dilutionists, he was found when the summons of death came with his banner flying and his lance in rest dealing sturdy blows for what he believed to be truth. No one, not even his enemies, of whom he had many, will question the honesty of his convictions or the courage and energy with which he defended them.

THE PHILADELPHIA LEDGER (editorial, January 24th):—Dr. Adolph Lippe, who died yesterday morning of typhoid-pneumonia, was a scientist who preferred to be a Philadelphia physician rather than to wear a title of nobility in his native Germany. His successful career of forty-six years as a practitioner according to the strict tenets of Hahnemann won for him very many friends in the circles where his remarkable cures were made. His insight into nervous diseases alone would have made him famous, even if it had not been accompanied by the experience and highest skill of the general practitioner.

The Women's Homœopathic Hospital Association loses in Dr. Lippe a chivalrous knight ever ready to do battle for its devotion to pure charity and its creed of pure Homœopathy. Dr. Lippe's health has been feeble for some time past, and the swift termination of his fatal illness causes little surprise to those friends who have noted that his spirit, for the past year, was stronger than the flesh that inclosed it. With Dr. Hering, who was considerably his senior, gone, and now Dr. Lippe, the two pioneers who made Pennsylvania and Philadelphia famous by their sagacious medical research, the period may well be considered closed that called Homœopathy a "new school" of medicine. The school has grown old enough to show its considerable divergences, or broadening, as some consider it, upon the medical practice of the two men who stand now as exponents of Homœopathy's "old school." There is room for all opinions in the widening ranks of homœopathic advocates and adherents, and all will unite in doing honor to the great medical genius that Adolph Lippe was.

Dr. Wm. P. Wesselhoft :—No more appropriate tribute can be paid to the memory of Dr. Adolph Lippe than to show his great sagacity in the application of medicines in disease. It was not only his great knowledge of the finer and more subtle indications for remedies, as given in our *Materia Medica* or his judicious examinations of patients, which made him an acknowledged master of our art, but mainly that freer and wider application of our law which elevated him to the sphere of the true artist. His readiness and rapidity in getting at the gist of



symptoms, even in the most complicated case, could never be called careless or hasty. It reminded me of the words of an eminent artist, who said : " The chief difficulty with most painters is that they see *too much*, and in seeing too much they get confused with endless detail, which leaves their work without character, and they have little to show for their pains."

He knew the value of our art so well that the commonplaces of every disease were almost instinctively avoided by him, and he never lost time in noting worthless signs, always looking and finding with unusual rapidity the salient points in the case before him. He heeded and lived up to the greatest thought of the master: " The physician's business is only with patients, not with diseases."

The cure of the following case will demonstrate what I mean by a freer and wider application of our law of cure :

I had treated the patient more than eighteen months without improvement, except that his great liability to taking cold had become less.

I copy from my record, taken December, 1881:

G. R., aged forty-five, light brunette, married ten years, general appearance healthy.

For six years has had no discharge of semen during coitus.

Occasionally nocturnal emissions.

Erections usually weak, give out during coitus.

Burning in perineum, worse after going to bed, and when thinking of it.

Drawing pains in testicles, with sensation of weakness of genitals.

Occasionally itching, dry eruptions in crotch and inner upper surface of thighs and anus.

With the sensation of weakness of genitals his eyes feel weak.

Very sensitive to cold and changes of atmosphere.

Takes cold easily, usually affecting nose and throat first with dryness, then with watery catarrh and sneezing, or he has aching pains in different parts of body and limbs, changing location frequently.

Twenty years ago had African fever.

Never had gonorrhœa, syphilis, or other eruptions than those mentioned above.

All other functions normal.

While on a visit to Philadelphia he applied to Dr. Lippe, at my advice.

Dr. Lippe wrote me the following letter :

" I find that your patient had diphtheria about ten years ago

and was treated with inappropriate mercurials and gargles by Dr. ——. The character of the attack was that it went from one side to the other and finally back again to the original side. Great weakness, almost paralytic, followed the attack, and he thinks he has never regained his full vigor and usual strength since this illness. His acute colds have always the character of shifting pains and change of location. I have given him a dose of Lac can.<sup>cm</sup>, which may be required to be followed by a dose of Pulsatilla."

Suffice it to say that my patient never needed the suggested dose of Pulsatilla.

In three months after his visit to Philadelphia his wife was pregnant. She has since borne two remarkably healthy children.

As far as we know Lac can. has no sexual weakness. That fact disturbed Dr. Lippe very little in his selection. He looked deeper and found the cause and the remedy. *This is true homœopathic pathology.* All the knowledge in the world of the special pathology of this case could have revealed the remedy to no one. To the homœopathic artist, however, it was revealed, and a man regained his manhood and became the father of two children, after ten years of impotence.

This case, from a pathological point of view, reminds me of one related by Dr. C. Dunham. His patient sickened after the violent suppression of indolent sores by knife and external remedies, and his life was despaired of. The case suited for Lachesis, and Dr. Dunham predicted the reappearance of the eruption, which actually occurred several weeks after the administration of the simillimum. This was another instance of *homœopathic pathology.*

Why did I not discover that my patient had had diphtheria ten years before? All I can answer is that he did not tell me, and that I had not the sagacity to ask! and if I had discovered it I doubt very much if I would have thought of Lac can. for this case. I was far too much impressed with the importance and necessity of eliminating a remedy *for the special weakness for which he had appealed for help.*

This is one of the great mistakes many of us are constantly making, and I hope the publication of this case may be as instructive to others as it has been to me.

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USES OF ORANGES.—Oranges are said to render gastric fevers milder, even when of typhoid form. Eaten daily, before breakfast, they are said to remove the craving for alcoholic drinks, in old toppers.—*Hering.*

## THERAPEUTICS OF THE THROAT.

### RHUS TOXICODENDRON.

#### OBJECTIVE.

Cellulitis of neck.

THROAT MUCH SWOLLEN EXTERNALLY, AS IF THE PAROTID AND SUBMAXILLARY GLANDS WERE GREATLY ENLARGED. PAROTID AND SUBMAXILLARY GLANDS HARD AND SWOLLEN.

Tonsil (right) covered with yellow membrane. Erysipelatous inflammation of throat.

Saliva bloody ; runs out of the mouth during sleep.

*Tonsils, especially the right one, swollen, red, and partly covered with slough-like membrane.*

Tongue, dry, red, cracked ; has a triangular red tip.

Tongue white, often on one side ; yellowish ; covered with brown mucus ; takes imprint of teeth.

*Redness of the fauces.*

Saliva runs out of mouth during sleep.

Much tough mucus in mouth and throat.

#### SUBJECTIVE.

Mouth dry with much thirst.

*Sensation of dryness in throat.*

Roughness in throat and trachea, as if chest were raw and sore ; provokes a hacking cough.

Soreness of throat with intense burning extending to stomach—as from an internal swelling, with bruised pain ; also when talking, with pressure and stinging when swallowing ; *deglutition difficult with stitching pain*, and rawness in left tonsil, when swallowing, at the root of the tongue—of the larynx ; feels stiff after straining the throat.

Whole pharynx feels stiff and bruised and is involved in erysipelatous inflammation ; hoarseness after straining the throat.

Burning in the throat ; in the œsophagus, in the forenoon.

Sticking or stinging pain in the tonsils, worse when beginning to swallow ; whenever the throat is dry there is sticking on swallowing. Pricking in throat like needles, low down on sternum.

Stitch in throat on swallowing or yawning, violent, as though



she had swallowed a needle ; violent stitches that commence dull and end sharp and pointed, in region of epiglottis, when not swallowing, always relieved by swallowing.

Feeling of swelling, with bruised pain ; erysipelatous inflammation ; cellulitis ; drowsiness.

Swelling of submaxillary glands, with sticking pain on swallowing.

Sensation in pit of throat as if stopped and constricted in trachea, better for a short time by eating and drinking.

Difficulty of swallowing from soreness and apparent smallness of the throat. Difficult swallowing of solids, as from contraction.

Oesophagitis after corrosive substances.

She is unable to drink, as every swallow chokes her as if the pharynx were inactive or paralyzed, associated with a sensation of dryness in throat posteriorly.

Tenacious mucus in throat, disappears after hawking a little, but leaves a roughness.

Profuse hawking of mucus in the morning ; much mucus in throat and posterior nares.

Pressure in throat when swallowing, less on swallowing food than on empty swallowing.

Sensation of coldness in the throat on expiration as if the breath were cold.

Throbbing pain in the throat posteriorly.

Putrid breath.

#### CONCOMITANTS.

*Anxiety and apprehension, with despondency, and great weakness ; restless mood ; irritability.*

*Low spirited, inclined to weep.*

*Heaviness and dullness of head, with great dizziness on rising as if intoxicated.*

Head very heavy, as of a weight in forehead ; brain feels loose as if it hit against the skull when shaking it.

Pain and stiffness in nape of neck.

Sickly expression, face sunken, blue rings around eyes.

Tip of nose red and sore.

Hot burning beneath left nostril.

Frequent sneezing.

Nose bleed on stooping in the morning.

Profuse discharge of mucus from the nose in the morning.

Soreness in the nostrils.

Corners of mouth sore and ulcerated.

*Cramp-like pain in articulation of lower jaw close to the ear, during rest and motion of the part, relieved by hard pressure and by warmth.*

*Pressive and digging pain in the glands beneath the angle of the lower jaw, even when at rest.*

*Blisters on the tongue; TONGUE SORE WITH REDNESS OF APEX.*

Burning and smarting of tongue, with increased saliva.

GREAT THIRST, WITH DRYNESS OF MOUTH AND THROAT; unquenchable thirst, wants cold drinks, worse at night, from dryness of mouth.

DESIRE FOR COLD MILK.

*Sensation of dryness on the tip of the tongue.*

Tongue very dry, which provoked drinking.

Water accumulates in the mouth. Saliva runs from the mouth during the afternoon nap. Frequent spitting of very tenacious mucus.

Fetid breath.

Coppery taste in the mouth, and a scraping feeling low down in the throat.

Disgusting, bitter taste, with dryness of the mouth, frequently woke her at night.

Taste of blood in the mouth when coughing, though no blood is raised.

A tickling cough that causes dryness in the throat, especially in the evening; dry cough in the morning with soreness of the throat.

Inflammation of the larynx, extending from the fauces, with heat; soreness and sense of suffocation; hoarseness from straining the voice.

Very great weakness, especially on walking in the open air; weariness worse on sitting, relieved while walking.

Stiffness on rising from a seat, stiffness and soreness all over, passes off with exercise; aching all over the body as if in the bones; *stiffness and aching, bruised pain in small of back, when sitting or lying, better from motion or lying on something hard.*

*Great debility, paralytic weakness and soreness, especially when sitting and at rest.*

Great restlessness from internal uneasiness; *restlessness at night, could not stay in bed.*

*Sleeplessness, with restless tossing about.*

Constant chilliness.

Sensitive to cold air.

*Fever in evening, with shivering, headache, and pain in the limbs.*

Mild delirium, of business matters, and as if he were undergoing a severe exertion. Muttering.

#### AGGRAVATIONS.

From getting wet; in cold wet weather; on beginning to move; when swallowing—stitching and stinging pains in throat, when beginning to swallow—sticking or stinging in tonsils—also whenever throat is dry; on drinking every swallow chokes her, as if throat were paralyzed; pressure—worse on empty swallowing. Aggravation evening and night—sleepless after midnight.

#### AMELIORATION.

By continued motion—by warmth; violent stitches, relieved by swallowing; constriction of trachea, relieved by eating and drinking.

#### REMARKS.

Rhus is pre-eminently a rheumatic remedy and many symptoms of the throat appear to be seated in the muscles of the part and are analogous to those of the larger muscular tissues. Its well-known typhoid proclivities, however, render it particularly applicable to cases of a catarrhal nature associated with a low febrile condition. Even in diphtheria it will occasionally be useful, as its swollen glands, putrid breath, bloody saliva, etc., indicate. In the sore throat of scarlatina it will find its greatest use, as in my experience Rhus has been more frequently indicated in that disease than any other remedy; with the throat symptoms given above, are associated a dark-red, rough, miliary, sometimes vesicular eruption, much more often than the smooth bright-red rash of Bell. The symptoms indicate its usefulness in stricture of the œsophagus, especially if caused by burns, and in paralysis of the throat muscles.

#### DIFFERENTIATION.

Rhus touches many other drugs at various points; in throat diseases Baptisia resembles Rhus in its typhoid tendency, but the prostration of Bapt. is greater, with a drowsy, stupid condition and besotted look instead of the restless irritability of Rhus—the throat, too, is dark-red, with dark putrid ulcers and a marked painlessness, while all the discharges are very offensive. With Phyt. the pains in the head, neck, back, are more intense, and while the patient is



restless, every motion aggravates and makes him moan with pain, he is so sore ; the throat is dark-red or purplish, with ulcerated follicles and sensation of intense burning, as of a red-hot ball, and on swallowing intense pains shoot up into the ears.

Rhus has an œdema of the throat resembling Apis, but, as Farrington says, the resemblance is superficial and should be guarded against, as the two remedies do harm if given in immediate succession.

Compare Lach., Ailanth., Arum-tr., Bry., Caust., Sulph.

UTICA, N. Y.

C. E. CHASE.

### THE SYRACUSE HAHNEMANNIAN CLUB.

February 24th, 1888, a meeting was held at the office of Dr. William A. Hawley, Syracuse, for the purpose of organizing this Club, its object to be the study of the *Organon*.

The following request for the meeting was sent out :

"We, the undersigned, desiring to acquire a more thorough knowledge of pure Homœopathy as taught by Hahnemann, of the *Organon*, materia medica, and symptomatology, do hereby agree to assist in organizing a local society to be known as the 'Syracuse Hahnemannian Club,' meetings to be held weekly at such times and places as may be agreed upon at the first meeting. The meeting for organization is to be held at No. 52 Warren Street, on Friday evening, February 24th, at eight o'clock."

The call was signed by Drs. J. W. Sheldon, E. J. Robinson, E. O. Kinne, Frederick Hooker, G. N. Macomber, R. S. True, S. Seward, J. W. Candee, E. N. Flint, A. B. Kinne, H. D. Emens, William A. Hawley, F. B. Putnam, C. Shumacher, John Nottingham, A. J. Brewster.

The meeting was called to order with Dr. R. S. True in the chair. A Committee on Organization, consisting of Drs. S. Seward, A. B. Kinne, William A. Hawley, J. W. Candee, and E. J. Robinson, was appointed to prepare a programme for the future guidance of the Club, to be presented at the next meeting. Dr. S. Seward was then elected President, and Dr. Frederick Hooker Secretary. It was decided to begin the study of the *Organon* at the next meeting, and Dr. True was invited to give the clinical relations of *Sepia* as found in his own experience.

March 2d the regular meeting of the Syracuse Hahnemannian Club was held at Dr. R. S. True's office in the Crouse building.

The Committee on Organization, appointed at the last meeting, presented the following preamble and resolutions:

"WHEREAS, The Syracuse Hahnemannian Club is organized for the sole purpose of studying the fundamental principles and philosophy as unfolded in Hahnemann's *Organon* and other writings, and its materia medica; therefore,

"Resolved, That its officers shall be a President and Secretary, who shall be elected semi-annually (the last Friday in February and the last Friday in August), and their duties shall be those common to those offices in deliberative bodies; further

"Resolved, In order that all may have equal opportunity to express their ideas concerning any point under discussion, no one shall occupy more than five minutes on any one speaking, nor shall he speak more than twice on the same question, except by vote of the Club, and that vote shall fix the limit of time he may further occupy; further

"Resolved, That any graduate of medicine, of good standing, desirous of pursuing these proposed studies, may become a member of this Club."

The report was unanimously adopted. After some preliminary discussion the Club proceeded to the consideration of Section 1 of the *Organon*. After a spirited and profitable discussion, Dr. R. S. True read an able paper, entitled "In the Light of Pure Homœopathy, What I Know About Sepia." The paper was well received, and the discussion that followed was of interest to all present. The Club then adjourned to meet at Dr. E. J. Robinson's office, No. 82 South Salina Street, on Friday evening, March 9th, at eight o'clock.

A fuller report of the proceedings will be given in next issue.

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## PROCEEDINGS OF THE HAHNEMANN CLUB OF TORONTO.

Regular meeting of the Hahnemann Club opened at 8.20 P. M., the President, Dr. Hall, in the chair. We were honored by the presence of R. Hearn, M. D., as guest. After reading and approval of minutes, the following papers on post-partum hemorrhage were presented. \* \* \* \* \*

In order to give a change of mental pabulum, and to give time to select other remedies in post-partum, it was decided to take up "Convulsions" at our next meeting. By this term we include apoplexia, eclampsia, epilepsy, etc., *irrespective of pathology or classification*. On the above subject the following

remedies were chosen: Bell., Dr. Hall; Cina, Dr. Adams; Acon., Dr. Eadie; Cham., Dr. Evans; Cicuta vir., Dr. Emory; Nux vom., Dr. Hearn; Stram., Dr. Tyrrell.

We are striving to cover the ground of *emergency cases*, wherein there is no time for the family to wait for their own physician if he be out, or for us to *look up* the remedy; and it is because such emergencies are rare that it behooves us to study, arrange, and *learn* beforehand, for by prompt action many a life may be saved and many a convert made to Homœopathy. Once arrange and *fix in our memory* the *characteristics* of the *best proven* and most *important* remedies, we cannot be dismayed by the *sudden call* and our cause will be vindicated.

J. D. TYRRELL, *Secretary-Treasurer.*

## REMEDIES FOR POST-PARTUM HEMORRHAGE.

### SECALE.

MR. PRESIDENT AND GENTLEMEN: Should it ever be our province to stand face to face with that appalling catastrophe, post-partum hemorrhage; to feel the awful presence of the Angel of Death, as the faithful wife and devoted mother gives birth to the new life, only to find her own ebbing away in a crimson tide as die the waves upon the shore, it may be ere she can imprint upon her baby's lips the holy kiss of a mother's love; should such be our province, we can praise a beneficent Creator for raising up the illustrious Samuel Hahnemann to proclaim the law, and promulgate the doctrine of "*Similia similibus curantur.*" By being *faithful* priests in the temple of Similia we can confidently say to the dread visitor, "Hitherto shalt thou come, but no further," and, administering the chosen remedy, see the crimson flood subside, the gray shadow recede even as "the sun returned ten degrees," and the mother come back from the "valley of the shadow of death."

I will now direct your attention for a little space to some of the characteristic features (compared with others) of a friend that will stand by us in this our hour of dire extremity; by such a study we may surely recognize the friend in the *faithful* likeness portrayed in the symptoms of the sick.

Secale seems to prefer old and decrepit persons; women who are thin and scrawny; lax muscular system. Face usually pale and wan, it *may* be dark red, eyes sunken; face pinched with coldness. Respiration may become anxious, panting, sighing, sobbing, or unequal; pulsation of heart intermits. There is burning of skin all over as from sparks, ameliorated by cold



(contra Ars.). The patient often complains of external coldness and *sensation* of coldness, but she cannot bear heat or being covered up. Tingling and numbness of limbs and formication under skin are quite characteristic of Secale; skin is flabby; cold and dry; wrinkled skin; cold, clammy sweat all over body, especially the limbs.

The hemorrhage of Secale is usually painless; passive (Ustilago); and worse from the slightest motion; here it resembles Calc., Crocus, and Sabina, in the last however, though worse from slightest motion, the hemorrhage is very much relieved by walking.

The *appearance* of the blood is quite worthy of notice, and if you will bear with me, I will *compare* a few similars: In Secale, the blood is dark red (Cham., Sabina); black, liquid, viscous, and of bad odor. Similarly Crocus has *black* flow, only it is *stringy* and viscid; Kreos. has blood black, flows in a stream; Platina has *hard and black clots* mixed with fluid blood, which is dark and tarry; body feels as if growing larger.

Secale pulse is usually small, weak, and thread-like in hemorrhages. By the way, let me call your attention to the fact that Secale *may* have blood of a light color, in which case it is *bright red*, generally coagulated, flows *intermittingly* (Ipecac., *continuous* stream, *bright red blood*); with pain; *pulse hard and quick*. Ustilago has bright red blood, when the clots are large, bearing down as if everything would come through, like Bell., which has involuntary groans, which relieve. In Secale the os uteri does not contract, is painful to touch, and feels hard (Ustilago, os and cervix are soft and spongy).

To sum up, Secale has dissolution of blood cells; relaxation of vessels and oozing from capillaries; *thin, dark, and black blood*. General aggravation from being touched; from warm applications and external warmth (pain in uterus and limbs).

*All symptoms and conditions* are relieved by being uncovered and by cold (contra Ars.). After Secale has controlled the hemorrhage, you *may* find your patient does not progress beyond a given point; does not gain in strength, and still seems anæmic; in such a condition you will most likely find China the best complementary remedy.

J. D. TYRRELL.

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### USTILAGO.

In cases calling for this drug, the discharge is of mixed character, partly liquid, partly coagulated, in this respect resembling Sabina, rather than its congener, Secale, in which the blood

is generally thin and liquid. The flow is passive, slow, and long continued. Similarly suggestive of atonic condition of the parts concerned, we find, among its symptoms, deficiency of labor pains, with dilatable os uteri. When we have added metrorrhagia with vertigo, during the climacteric period, and menorrhagia with displaced uterus, we shall have included the most important hemorrhagic symptoms in our description.

Among the general symptoms we find depression of spirits; partial loss of control over the functions of vision and deglutition; and, suggestive at last of some resemblance to *Secale*, in nature, as in origin, oppression and faintness in a warm room and aversion to warmth in general.

L. HAMILTON EVANS, M. D.

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### PHOSPHORUS.

Painful feeling of *weakness* and *sensation* of *coldness* (Sec.) or *emptiness* (Cocc.) across the whole abdomen, especially when accompanied by a *sensation* of *heat between scapulae*.

Shooting in abdomen with *empty feeling*; abdomen *very sensitive, painful* to touch.

Small of back *pains as if broken*; a dragging sensation; cannot laugh because of it; cannot move.

Itching pains upward from vagina into pelvis; labor pains distressing but of little use; cutting pains through abdomen; pains in sacrum after labor.

*Exhaustion, fainting, pale, cold, sudden syncope*; lying as if lifeless.

Face *pale, sunken, or livid*; bloated; *dull, glassy, sunken eyes*, with blue rings around them; roaring in ears.

Phosph. is particularly adapted to tall, slender women with dark hair; disposed to stoop; nervous; weak; disposed to sadness; depression, with forebodings of calamity; melancholy; sheds tears or with attacks of involuntary laughter.

Phosph. is aggravated after getting cold; by lying on left side or back, or by light or brilliant objects.

Ameliorations: In the dark; lying on right side; by cold food, or very cold water or ices.

Cold water relieves, but is vomited as soon as it becomes warm.

A. B. EADIE.

## PULSATILLA.

Probably no remedy in our *Materia Medica* is more used and abused than this. It has the reputation of being eminently a "woman's medicine," and this not alone among the laity, but, unfortunately, also among many physicians, even some called homœopathic.

This reputation accounts for its too frequent abuse and naturally for the unsatisfactory attendant results. Fortunately for suffering humanity, this drug possesses a number of well-marked or characteristic symptoms in its pathogenesis, so that its undirected prescription is more inexcusable than in the vast majority of our other remedies.

Thus its mental symptoms first attract our attention and we find it indicated for the *mild, gentle, tearful, yielding, timid, or changeable*.

Like the flower itself, affected by every wind, it changes its place continually. So, in the symptoms its use produces, we find a tendency to constant change, not only in degree but also in locality—pains here and then there and nowhere long; quickly changing in degree from the unbearable to the easily borne, so that, like an April day, we have alternations of smiles and showers.

It is necessary also that we bear in mind that for this remedy to be indicated we need not necessarily have the above sensitive, easy-going disposition in the patient so long as the sufferings produce similar phases of character, etc.

In post-partum or other accidental hemorrhages we will be led to think of this remedy, if the patient present the above mentioned characteristics—is full of grief and submissiveness—over-sensitive, low-spirited, and cast down. The flow is changeable like the patient and is either *thick, black, clotted* (easily coagulable), or *thin, watery*, or sometimes the one condition obtains, again the other.

In post-partum secondary hemorrhages, *from retained placenta or coagula*, experience has oftentimes proved its beneficial action.

To complete the picture we must briefly mention the *craving for fresh air, must have the doors and windows open; worse in a warm or close room, though at the same time is inclined to be chilly even in a warm room*.

The breathing is difficult. (Puls. is the only remedy in which *difficult breathing accompanies diseased conditions in parts not involved in the act of breathing*.)

Thirst is rare; where it exists we find (as in *Arsen. alb.*) a



craving for small quantities of drink frequently repeated and disturbing the stomach.

EDWARD ADAMS.

### CINNAMONIUM.

March 7th, 1888.—I may be permitted to introduce my essay by a quotation from Samuel Hahnemann, which, though his precise words are not now at command, was given very much as follows: Whatever a physician may give, either as his own provings of certain remedies or his personal experience, should be of a truthful character; indeed, so impressed was our founder with the importance of this suggestion that he required of all his friends who had proved medicines an oath that they believed, so far as they could decide, that the symptoms so induced in their persons were the legitimate result of the remedy they had been taking and were therefore reliable.

The very same remark applies to ourselves, the feature most recognized among medical men, being a sense of moral responsibility that they are ever treating human beings, about whom there is "nothing hidden which shall not be revealed." It is with this view, as President of this Club, that I urge the utmost care in our cases, that those who may come after us may rely upon our decisions as truth. But as, in truth, questions and cases will come up once in awhile in which we may have neither knowledge nor experience to offer, it becomes us to say but little, though every one must admit that the mere presentation of such cases will do us all good by merely evolving our thoughts on such subjects.

The subject given me is Cinnamonum, about which I have but little personal experience to offer, being by necessity compelled to avail myself of those who have had.

The first remark I have to make is that this remedy, so far as proved, shows a marked tendency on the lymphatic, feeble, and cachectic. With a lax tissue and languid circulation a great tendency to hysteria, and always worse by any lifting or exertion. With these conditions in view a few marked symptoms are given:

1. *Hemorrhage during or after gestation from lifting, straining, over stretching the arms, or on a false step.*
2. *Severe hemorrhage in a primipara after the first few pains, when the os has dilated about an inch; the placenta descending with the head.*

3. Metrorrhagia soon after delivery and not accompanied with plethora.

The character of the flood, whether venous or arterial, not yet known. But the remedy is not sufficiently thought of in 1, *Chronic METRORRHAGIA* ; 2, *Typhoid fever hemorrhage* ; 3, *Hysteria*.

JOHN HALL, SR.

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### SABINA.

In post-partum and other emergency uterine hemorrhages Sabina is often indicated. The sphere of usefulness of Sabina seems confined to abortions at or about the third month. This is its keynote symptom, the flow is bright red, partly fluid and partly clotted, accelerated by bearing-down pains in abdomen and groins, and pain from sacrum to pubis.

Extreme aggravation by music.

Not likely to be of service in post-partum hemorrhage.

W. J. HUNTER EMORY.

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## PROCEEDINGS OF THE ORGANON SOCIETY OF BOSTON.

REGULAR MEETING OF ORGANON SOCIETY, BOSTON, FEB.  
9TH, 1888.

The introduction to the *Organon* was taken up, and reading began at middle of thirty-seventh page.

In regard to the remark that Cinchona was specific as a homœopathic remedy only in genuine swamp-ague, provided it is used in the absence of Psora, Dr. Tompkins inquired if it was not too sweeping a statement to say that Cinchona or any remedy was a specific for a disease.

Dr. Wesselhoëft said that Hahnemann always said it was wrong to treat the disease, and especially wrong to treat such a disease as chills and fever, with a single remedy, Cinchona, when the disease varies so much. This was probably only a passing remark, like that in regard to Merc. in pure syphilis. Given a case of pure syphilis, or a case of pure swamp-ague without psoric symptoms, Merc. or China might be indicated, and, if so, they would cure, but they certainly should not be given unless they were indicated by the symptoms.

Dr. Wesselhoëft also spoke of the case of Ægidi, the body

physician of a prince of Russia and a student of Hahnemann. The Prince and his suite were traveling, and several of them were attacked with chills and fever. Ægidi cured them all but one, a Saxon officer; with him he could do nothing. In his despair he wrote to Hahnemann, saying that nothing seemed to help. Hahnemann replied that probably there had been a suppression of a former ague, and, as the patient was a native of Saxony, it was not at all unlikely that he had had the ague that was epidemic there some years before, in which Cantharis was the epidemic remedy, on account of the urinary symptoms which were present in almost every case. Now if the patient had the ague at that time and it had been suppressed, Cantharis was the remedy.

Upon inquiry, Ægidi found that such was the case; his patient at that time, some years before, was in Saxony; had the ague that was then prevalent, and it had been suppressed with Cinchona. Ægidi therefore gave him Cantharis, as Hahnemann recommended, and he quickly recovered.

Dr. Bell said he would like to ask the opinion of those present in regard to the Quinine habit. He said he had found it a very common thing for people to take Quinine for everything, a little cold, loss of appetite, etc. He had found that neuralgias and anæmia following the use of Quinine were very hard to cure.

Even St. John Roosa, the aurist, had warned his allopathic colleagues of the danger of deafness from their indiscriminate use of Quinine.

Dr. Cobb spoke of an allopathic physician who took his Quinine regularly, morning, noon, and night, and also a lady who took it in much the same manner, and they both looked as if they were suffering from Quinine poisoning, as they probably were.

Dr. Wesselhœft said he once heard Hering say, at the time when spiritualism was so widespread, that when the statistics of insanity were known, it would be found that Cinchona and not spiritualism was the cause of so much insanity in America. Hering also said that when he smelt Carbolic acid in a house with scarlet fever, he was always afraid of a death twenty years later.

Bilroth, of Vienna, came out with his cases of Carbolic acid poisoning, and Hering's prediction as to Quinine may prove true at some future date. The amount of Quinine consumed yearly in America is stupendous.

Dr. Wesselhœft also spoke of a case his father treated, a relative who had lived in Central America and had had Chagres



fever. He came to Boston to make a visit, and about lived on Quinine. He was a very leathery looking man. Soon after his arrival here, he was taken ill with chills and fever. His Quinine did not help him, and he sent for the elder Dr. Wesselhœft. It took a long time to cure him, and he had two chills daily for six weeks. He finally recovered and returned to Central America. Some time after he wrote to Dr. Wesselhœft to tell him how exceedingly well he had been, and, strange to say, he had not had a chill since his return; he had never been so long without one since living in Central America.

Another case was that of a lady in Jamaica Plain, who had been taking Quinine for some time for chills contracted at West Point, N. Y. They would return every time she visited West Point. She was treated homœopathically, and the next year she went to West Point and did not have a chill, nor has she had any since, and she has been there several times.

Dr. Wesselhœft also said he had now a case of Quinine cachexia of twenty years' standing, with sycosis of fifteen years, and a fresh sycosis of two years' standing. He has been under very poor homœopathic treatment for two years.

The first thing, after being under Dr. W.'s treatment, was a return of the chill, which he had for nine days, until Euphorbium was given, which controlled it. After the chills began to get better, gonorrhœal symptoms came on and the urinary symptoms were very severe. This was *formerly* treated by injections. Now he feels very much better generally, although the urinary symptoms cause a great deal of suffering, and Dr. W. said he should not give a new remedy. The only way to unravel these things is to let the remedy act.

Now, when a case is generally getting better he dreads to interfere with a new remedy.

He also spoke of a case of pericarditis following rheumatism, which he saw in consultation, and which had had the following remedies, selected with much care: Bry., Kalmia, Spig., and Lach.

It began in shoulders and went down; the joints were not very red. Bry. was given first.

When the limbs began to improve the heart was affected and Kalmia was given, and the pains went back to the limbs again. Nothing was given. Soon there was another attack on the heart, which was relieved by Spig., and was followed by general improvement for some days. Then the heart began again to be affected. The patient would wake from sleep confused. There was profuse perspiration without relief. Most of the pains were

in the region of the left lower ribs in front ; the symptoms were all left-sided. Then Lach.<sup>cm</sup> was given and Dr. W. sent for in consultation. When he got there he found the pains had shifted to the right lower rib region and the heart's action was perfectly regular. The attending physician said that three or four hours before when Lach. was given the heart-sounds were so jumbled up that they could not be distinguished and the action was very irregular and intermittent. It was a beautiful result, and the patient made a good recovery.

In regard to Hahnemann's remarks on Digitalis, page 39, Dr. Wesselhœft said that he recalled the case of a young lady who had rheumatism with heart complications. When the joints were worse the heart was better. The indicated remedy cured her and she was well for two years. Then she moved to New York, and there she had another attack. An allopathic physician was called, Salicylic acid was given, and the joints grew less painful but the heart became affected. Then Digitalis was exhibited, and on the third day she had a very marked Digitalis symptom, "great sinking at the stomach." The attending physician said it was nothing and told them to feed her. The next day there was more sinking and the next day she was dead.

Dr. W. said he did not believe there was an allopathic physician who knew that Digitalis produced great sinking at the stomach. He said it was the rarest thing to cure a patient poisoned with Digitalis, but he thought he had cured one lately. He read from Boëninghausen that the homœopathist must have very little hope of affecting a cure after Digitalis.

Dr. Wesselhœft spoke of the fact that physicians *make* heart diseases, by saying that the pulse must be reduced and giving Digitalis, as they say that the bowels must be moved, or the temperature reduced. Homœopathists have no business to base a prescription upon the condition of the pulse, temperature, or bowels. They should be watched, but never prescribed for alone ; they may aid in the prognosis, but in regard to indicating a remedy they have nothing to do with it.

Dr. Bell said that people should be told that such things as Digitalis and Quinine are harmful, and physicians should be more outspoken about them. He thought the condition of the pulse and temperature might tell us of the favorable action of a remedy.

Dr. Cobb related a case of an old man seventy years of age. In the previous year there was no sign of heart disease, but after awhile hypertrophy developed, and the family becoming

alarmed, they wished a so-called homœopathist to be called in consultation. He came and advised *Digitalis* in heroic doses, that is, thirty drops of the first decimal solution in a tumbler of water, a tablespoonful to be taken every hour for three days.

At the end of that time, the patient being no better, he wished to give the tincture; he said the man would die anyway in three days and the tincture would relieve him and make him feel easier. Dr. Cobb protested and the consulting physician withdrew. The patient lived three months and then his heart stopped. Dr. C. thought he would have lived much longer if the *Digitalis* had not been given at all.

Dr. Kennedy spoke of a case concerning which a young homœopath consulted him, a case of heart disease. Dr. K. advised Puls., and the young man said he had thought of that but could not find that Puls. had any pathological action on the heart. He gave it, however, and the patient improved, but the young man was much worried that the pulse and temperature kept up.

Dr. Wesselhœft said it reminded him of what Hufeland once said of Hahnemann, "that he relieved the symptoms, but what did he do with the disease?" Hahnemann ridiculed him unmercifully for considering the disease an entity.

Dr. Tompkins spoke of a case of heart disease with dropsy under the care of a so-called homœopathic physician. The patient was getting worse all the time and a member of the family went on to consult Guernsey. He gave him two powders of Puls.<sup>2m</sup>. and told him to give the patient one dose, and in thirty-six hours if no better to give the other. After the first dose the patient began to improve and got along all right. The attending physician learned nothing from this, however; he thought the third would have done just as well, but he had not given it.

Dr. Wesselhœft spoke of a *Chamomilla* case he had when a young man. He was called to see a child which was troubled with a lot of wind in its bowels; wanted to be carried all the time; greenish diarrhœa, etc.; a very evident Cham. case. While preparing the remedy he asked if the child had been taking anything, and found they had been giving it Cham. in a very low potency every three hours for a week. He had a Cham. proving instead of a case.

Dr. Hastings asked how it happens that the allopaths do sometimes seemingly help patients that have been under good homœopathic treatment.

Dr. Wesselhœft said that such things are usually suppres-



sions where the troublesome symptoms disappear for awhile to return again, or they are really homœopathic cures. He had lately treated a case very carefully, a young lady with anæmia and tape-worm. She did not improve and went to an allopathic physician. He gave her Iron with evidently very beneficial results. Now there seemed to be no indication for Iron whatever, and time would show whether it was a homœopathic cure or an allopathic suppression.

Dr. Bell spoke of a case of a child with a chronic cough in which Opium and cough mixtures had been given for a long time. Because the child was not cured entirely in two or three days, they went back to the mixture again and after awhile the cough stopped.

*Per contra*, Dr. Wesselhœft spoke of a case where opiates and cough mixtures were given for months without benefit and the cough had to be cured homœopathically.

Adjourned to February 23d.

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#### REGULAR MEETING OF ORGANON SOCIETY, FEB. 23D.

Dr. Bell was absent in New York and Dr. Wesselhœft was out most of the evening.

Dr. Nichols continued the reading of the introduction to the *Organon*.

Dr. Jameson spoke of a case of a woman who was nearly dead from repeated hemorrhages. She had with it all watery, colorless stools with cramps. Verat. alb., high, at once relieved.

Dr. Nicols related a case of epistaxis cured by Millefol.<sup>cm</sup> It was of years standing and was relieved at once, though various remedies and expedients had been used, including compression and plugging.

He also spoke of the case of a man nearly dead from the abuse of Digitalis, who was cured by Colch.

The remedy was suggested by his *disgust for food*.

After finishing the introduction Dr. Nichols read from Stratton's translation examples of homœopathic cures performed unintentionally by allopathic physicians.

Dr. Cobb gave an instance of homœopathic prophylaxis before she studied Homœopathy, where she directed the leaves of the Rhus to be macerated and then placed in water. This was to be taken internally, and in this way a whole neighborhood was protected from the poisoning.

Another instance was related where numbers who had been

affected by Rhus were relieved by a high potency of Rhus. The question was asked, was this isopathy? In the discussion which followed it was shown that the mucous membrane was not at all affected; the drug, the leaves of the Rhus, could be chewed with impunity.

Dr. Wesselhœft thought that persons once poisoned were more likely to have a recurrence when exposed, and quoted a number of cases as examples.

He also spoke of persons being poisoned by ferns which grew in close proximity to the Rhus. These ferns poison people after they have been gathered and are being used for decorating or some such purpose. This may explain numerous cases where the patients are sure they have handled no Rhus leaves or twigs, but they have been assisting in some decorating work with ferns, etc. In such cases it would be interesting to know where the ferns came from.

Dr. Wesselhœft related two cases of erysipelas. One, a facial erysipelas, began on the right side and went to the left, with formation of blisters, and extended over the whole face. The chief aggravation was after midnight; the upper part of the body, face, and chest was very hot, lower part cool. Rhus<sup>cm</sup> was given, and later Rhus<sup>cm</sup>. The inflammation extended, the blisters changed to yellow honeycombed crusts, extreme lassitude came on, the patient, a stout blonde, inclined to sadness, became much depressed, wished to die. Graph.<sup>cm</sup> was given and was followed by marked relief.

The other case was also facial, the eruption was smooth, the patient was very delirious, with constant talking and wild, staring eyes. Stram.<sup>cm</sup> cured.

The question of the efficacy of Bell. as a prophylactic in scarlet fever was raised, and instances were quoted by Dr. Nichols which seemed to show that it does afford protection from the disease. Other instances were given where Bell. was not given and only one member of the family was affected.

Dr. Hastings related a curious case in which the eruption began on the legs and progressed upward and afterward the rash appeared on the face and went downward in the usual manner.

Cases were referred to where eruption first appeared on the back.

Adjourned to March 8th.

S. A. KIMBALL, *Secretary*.

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HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI held its twenty-ninth annual commencement March 15th. An address was given by the Rev. John Snyder, D. D.

## BOOK NOTICES AND REVIEWS.

PROCEEDINGS OF THE TWENTY-THIRD ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. Drs. C. E. Walton, H. Pomeroy, and N. Schneider, Publication Committee. 1887.

The twenty-third annual meeting of the Homœopathic Medical Society of Ohio was begun May 10th, 1887, at Cleveland. The Publication Committee send out this neat volume of three hundred and eight pages to show what the homœopaths of Ohio are doing. The papers and their discussion cover a great variety of subjects and are interesting, but, as usual, the most important branch of medical knowledge is slighted. We refer to the *Materia Medica*.

SCIENTIFIC MEDICATION AND SPECIFIC MEDICINES. By Dr. John M. Scudder. Twelfth edition. Cincinnati. 1888.

That such a worthless book as this can go into a twelfth edition is a sad commentary on the intelligence of physicians.

FOX'S ATLAS AND TEXT-BOOK OF SKIN DISEASES. Second edition. Issued in parts by E. B. Treat & Co., New York. 1888.

Parts three and four of this excellent atlas consider the various kinds of eczema. The plates are wonderfully accurate.

A MATERIA MEDICA. Containing Provings and Clinical Verifications of Nosodes and Morbific Products. By Samuel Swan, M. D. New York. 1888.

As every one knows, Dr. Swan has for many years been interested in the study of these "Morbific Products." Some of them are doubtless very useful remedies, and when well proven will serve the prescriber well. In this "fascicle" the clinical and pathogenetic symptoms of *Saccharum Lactis* and of *Lac caninum* are given. Of *Saccharum* we know but little, having never used it. Of *Lac can.* we can say it is a most useful remedy. In this volume *Lac caninum* is given more completely than ever before. It is arranged by Dr. Berridge, a diligent and reliable worker in the field of *Materia Medica*. Many comparisons of other drugs by the late Dr. Ad. Lippe are given and enhance the value of the work.

A few days before reviewing this volume we prescribed *Lac-can.* for a violent headache, coming on in spells, first in one eye, next in the other, and then again in the first eye. The pain constantly changed from eye to eye, was very severe, worse from motion, etc. Now, on page 53, second symptom, we find our case well described. Other remedies have failed, and we hope to be able to report another triumph for *Lac-can.*

It is to be hoped that Dr. Swan will meet with sufficient encouragement to enable him to continue his *Materia Medica*. The price of this fascicle is, we believe, only seventy-five cents. No one should be without it who desires to know the uses of a most valuable remedy.



## NOTES AND NOTICES.

NEBRASKA State Homœopathic Society meets at Lincoln May 8th-10th.

THE HAHNEMANNIAN MONTHLY.—Dr. Pemberton Dudley will hereafter have the entire management of this journal. All communications should be sent to him at southwest corner of Fifteenth and Master Streets, Philadelphia.

LECTURES ON THE ORGANON.—We are glad to learn that Professor Gee will lecture weekly on the *Organon* in the post-graduate course of the Hahnemann College, of Chicago. Professor Gee is well qualified for this work, and will render good service to the students. We trust the lectures will be continued during the winter course also.

ERRATA.—Though we do our best to avoid them, errors will creep into our issues. In our February number, the name of Dr. George H. Clark was inadvertently omitted from the Committee signing the Memorial Resolutions of the Hahnemannian Association of Pennsylvania. In the article of Dr. M. W. Van Denburg, the following errata are to be noted: Page 78, line 2, for "*our point*," read "*one point*;" line 13, for "*rich*," read "*sick*;" line 25, for "*brain*," read "*pain*;" third line from bottom, for "*his meditative nature*," read "*vis medicatrix nature*."

In the *March* number, page 142, twentieth line from bottom, for *central*, read *cerebral*. Page 156, second line, for *evening*, read *morning*; seventh line, for *Spongia*, read *Spigelia*.

LOCATION DESIRED.—By a physician, a graduate of the Homœopathic Medical College of Missouri. Is thirty-four years old, has a family, has been in practice about four years, and is a strict Hahnemannian. Would like to locate in a large town and assist an older practitioner. Address Location at this office.

WHAT! ! \* \* \* "The Institute is year by year becoming more and more scientific and less and less homœopathic." *Medical Advance*, January, 1888, p. 73, lines 17 and 18 from top.

We had supposed Homœopathy to be a "science," but from the above we find we are mistaken. Now let the I. H. A. come down from its perch and make more claims to be a *scientific* society. Just let the world know it is Homœopathic (with a big "H") but without a spark of science.

H. HITCHCOCK, M. D.

A SURGICAL JOURNAL.—The *Annals of Surgery*, the only English journal published devoted exclusively to surgery, enters now upon its fourth year.

Drs. L. S. Pilcher, of Brooklyn, N. Y., and C. B. Keetley, of London, are the chief editors, assisted by most of the able surgeons of this country, as well as Europe, which is sufficient guarantee of the literary merits. We bespeak for it the co-operation of the members of the profession who are interested in progressive surgery.

J. H. Chambers & Co., St. Louis, Mo., are the publishers, and deserve great credit for undertaking to produce such an important journal as *Annals*.

FOR SALE.—A growing practice of three thousand dollars a year in Marysville, Yuba County, Cal., which is the county-seat, six thousand inhabitants; ten thousand inhabitants in the radius of twelve miles. Marysville is a business centre for four counties, situated in Sacramento Valley, a great fruit and grain-growing country; all kinds of fruit and berries, oranges and lemons; a mild climate, flowers in blossom every day in the year in open air. Address H. C. F., care this office.

T H E

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## SYPHILIS AS A MIASM.

(Notes from an extemporaneous lecture by Professor J. T. Kent.)

It is difficult to know where to begin and where to end the discussion of syphilis—how much to say, or what to leave unsaid. Volumes have been written upon syphilis. Some are worth reading, others are not.

It doesn't help you to cure your patient or to understand the nature of the disease to go back and try to discover the first case of syphilis. You will gain nothing by supposing that it originated among the North American Indians, that it was a product of the French Revolution, or that it has been transmitted through many generations to ours from the remotest ages. It is sufficient to know that the disease exists. It is not in my department to give you its history or its diagnostic relations, but only to consider it as a miasm.

One important drawback to the study of syphilis is the fact that the disease as it comes to us through the books is always under allopathic treatment. Fox has given us some good points. Bumstead was no doubt a great syphilographer.

These writers have described the beginning, the course, and what they consider as the end of syphilis; but a large number of their cases were under allopathic treatment, and the result is that they have reported what they call relapses which are studied as relapses, *i. e.*, returns of the old disease.

Studied under homœopathic treatment, the disease presents an entirely different aspect, as different as day is from night.

The study of cases *without treatment* is what we need. But of such we have very few. Allopathy modifies the disease in that it suppresses its manifestations. Study Bumstead, and you will find pictured there its worst forms and complications, but you will not find the correct form. The view is biased. There is no work in allopathy or Homœopathy to-day that gives a correct view!

In allopathy, as soon as the chancre appears, it is cauterized; then the glands are affected, and buboes follow; maculæ appear; ulcers appear in the throat, and these are immediately cauterized, after which the hair falls out.

What would be the result if the chancre were let alone? Then we could see the true nature of the disease. We could see whether it tends to run a certain course and recover, and to what extent this lifelong miasm is due to suppression; whether it is altogether the result of suppression. Syphilis must run a certain course.

It often begins with chills and bone pains. About the fifteenth day the chancre appears. This is the first effort of nature to cure. This eruption is suppressed by allopathic treatment just as the psoric eruption is suppressed, and miasm is the result. Thus syphilis, being a constitutional disease, is made, I may say, ten times more constitutional by suppression. The disease is thrown back on the nervous system, the nerve force is perverted, and a vicarious expenditure takes place. Often with the chancre come the buboes. These are treated with Iodine and various ointments. Does this tend to throw out the disease? No! It aggravates it tenfold.

Next come eruptions on the skin. Local applications are immediately resorted to to suppress them.

Are they treated scientifically? I say No! *Hahnemann* says No!

Then come ulcers in the throat. Are they treated with an idea of their cause? Are they allowed to evolve themselves? No! They are immediately driven back! At every place the disease is refused its own expressions!

When the hair falls out, lotions are applied to the head to stimulate the hair follicles to hold their sprouts.

This is the course of treatment we find laid out in allopathic literature.

Under homœopathic treatment the course is very different.

A patient comes to you with a chancre. Instead of cauterizing



it let it alone. But the patient says, "It must be cauterized—it is the old way." Do not do it.

What if it increases and remains for two or three months? All right, that is what you expect. You are afraid the young man will go off and leave you? That has not been my experience.

The sore is painless. Tell him that if you cauterize it you will only make his condition worse. If you do not cauterize it, in the course of a few months you can restore him to health; he will be cured and will transmit no taint to his children. If some leave you others will not, and you will have enough remain to be cured.

Study the totality of symptoms and select your remedy.

Under the action of this proper remedy the sore becomes soft and commences to discharge enormously, instead of getting harder.

The standard authorities state that the bubo has little tendency to suppurate; but under homœopathic treatment it often suppurates, as this is the easiest way for nature to rid the system of the disease.

Thus Homœopathy changes the entire aspect of the disease from its beginning. Now the eruptions come to the skin, and you will probably have to change your remedy. Then, by the right prescription, you cure the disease from within. The eruption is less though the stage goes on. You overcome the cause. You use no local applications, no washes or unguents. The sore which first appears is the last to heal. By this (which is in accordance with the law that, "diseases get well in the reverse order of their coming") you know that the patient is getting well.

Now watch; the sore throat will appear. If you don't see the remedy the first day, have him call again in a few days. Watch his condition, the course the ulcer is taking, its color and direction. For a remedy to conform to all these things you must go to the *Materia Medica*. Again in the throat, the first patch that comes is the last to heal. The day you give the right remedy that day the ulcer ceases to enlarge, molecular death stops. When the last ulcer is gone it will return no more as long as he lives.

The next stage is the falling of the hair. Notice where it commences, and get the entire list of remedies that have falling of the hair, also a list of syphilitic remedies, and compare; but most of all the entire range of proved remedies. Use no Fowler's solution, no cantharis, no colognes.

Now, what do we see? It is a strange fact that the sooner one stage is cured, the sooner the next one comes on. In six

months you may carry the patient through all the stages and cure him. The shadow of all the stages will present the guiding images for you to select your remedies from. Destroy no symptoms.

Hahnemann made the mistake, and many homœopaths have done likewise, of not distinguishing between chancroid and chancre, which fact accounts for some of his reports of cases cured very speedily with Merc.<sup>30</sup>. The distinction between chancroid and chancre had not been made in Hahnemann's day. The cures with a dose of Mercury are not cures of the syphilitic miasm.

If you take syphilis, as abused by allopathic treatment, and attempt to adjust homœopathic therapeutics to it, you will fail. Hence the bugbear that syphilis has been to homœopaths. This should not be so.

There is a peculiar fact about the contagion of syphilis (it is true of sycosis also) that you will not find in accepted literature. 'Tis that the person infected takes the disease in the stage which it is in at the time of infection. He does not go back and have the disease from the beginning, but finishes it from the stage which was present in the person who spread the infection. This fact I have learned from observation in my own practice. Many wives suffer from the third stage who never have had the first, and but a shadow of the second.

A young girl was betrothed to a young man who was suffering from a relapse. He had ulcers in his mouth, secondary form of syphilis. One day she happened to eat out of the same spoon which this young man had been using. The result was she took the disease, and came out with ulcers in mouth and throat. Her lover, very much alarmed, came and told me the circumstances. I watched that case, and saw her pass through the symptoms of secondary syphilis with ulcers in the throat, and finally lose her hair. But she never had a chancre or a bubo or eruption on the skin. I have seen several similar cases which proved to me this principle of contagion.

The general course of syphilis is :

- |                      |                                                        |
|----------------------|--------------------------------------------------------|
| I. Primary Stage.    | { 1st. Chancre.                                        |
|                      | { 2d. Buboës.                                          |
| II. Secondary Stage. | { 3d. Skin affections, maculæ,<br>and other eruptions. |
|                      | { 4th. Ulcers in the throat.                           |
|                      | { 5th. Loss of hair.                                   |
| III. Tertiary.       | —Nerve and bone affections.                            |

The disease may be suppressed in the first stage and remain latent for some time.

A young man came to me who had been sickly for eighteen months. His symptoms called for Kali-iod. I put him on Kali-iod., and in a short time he broke out with a syphilitic eruption.

I knew there was nothing in *Kali-iod.* which would produce such an eruption as that, and on closer investigation of the case, I found that he had had a chancre which had been suppressed by large doses of Merc., and the resulting syphilitic miasm was what had been making him sick. The Iodide of Potassium had antidoted the Mercury and the miasm had come out.

Any miasm may be suppressed and held latent and not show itself as such; but *when the miasm does not appear in symptoms* the person is sickly. In such cases it is often difficult to get symptoms to prescribe on. The lazy doctor will not be able to find any; but by *close investigation* you can generally find some symptoms. If he really has no symptoms his case is generally incurable, since curable diseases express themselves by signs and symptoms.

If he is really incurable, the symptoms of the disease have been driven back so deep that he has only an undefined sense of feeling badly. In the last stages, when the patient has "been the rounds" of allopathic suppression, he returns from the Hot Springs and comes to you, perhaps too late. He suffers from the category of nerve syphilis. He has bi-parietal pains, exostosis, thickening of the periosteum. We do not know that we would have such forms if it were not for suppression.

Under homœopathic treatment, although the patient taken in the primary stage does not get well without a shadowing at least of the secondary stage, yet of the tertiary forms the shadow is so slight that we cannot really say that they exist at all.

When syphilis attacks the nerve centres, we have softening of the brain, brain tumors, and death. How much of the nerve disease is due to suppression we cannot now determine. These tertiary forms never get well unless you can bring them back into the secondary stages.

A patient who had been under allopathic care for many years, who had taken Iodine, Bromide, Corrosive sublimate, Iodide of Potassium, etc., in large quantities, came to me in the last stages of syphilis with agonizing head pains. I prescribed for him, he became weak minded, but the pains all left him. In the further treatment of the case what condition did I find next? What



could we expect to find according to the law of direction? Loss of hair and then ulcers in the throat—sure enough, such was the case. The loss of hair and the ulcers worried him so much, that he went away and left me.

The case is none the less valuable, however, since it serves to illustrate the manner in which the disease may get well even when in the last stages.

You can see now the nature of the disease.

Under homœopathic treatment, though I have had many cases, I have *never seen a relapse*; while allopaths report relapses in a large percent. of their cases.

You ask me to outline the treatment, which would necessitate my going into the numerous forms and groups of skin symptoms and nerve manifestations of this miasm. Volumes might be written on this subject and in the end you could only be directed to study well the *Materia Medica*, and treasure up no names to arrange medicines for. Take the case as though you had never heard of such a set of symptoms in a sick man, but were perfectly acquainted with such symptoms in provings, remembering that the pathognomonic symptoms are not the ones you shall need the likeness of, but the uncommon ones. Destroy no symptoms that nature has sent out to guide you to your remedies. Some patients will leave you, but if you are acquainted with the art of healing, you will have all you can attend to among the faithful and intelligent members of your cities and villages.

## CLINICAL NOTES ON CHARACTERISTICS.

C. CARLETON SMITH, M. D., } Philadelphia.  
EDMUND J. LEE, M. D., }

### AILANTHUS.

**MENTAL.**—Indifference; confusion of mental faculties, reading and counting are difficult. Anxiety, irritability, depression of spirits. In low forms of fever, stupor, delirium, and restlessness. Following a suppression of the scarlatina rash there were stupor, delirium, and insensibility.

(NOTE.—*Ailanthus* is especially called for in low forms of typhoid fever, diphtheria, scarlatina, where there is stupor, excoriating discharges from nose, and maybe a livid, purple rash in patches with purple-colored skin showing between the patches. In typhoid states it may be compared with *Baptisia*; in diphtheria, with *Arum-triphyllum*.)

**HEAD.**—The vertigo comes on when rising or moving; accompanied by nausea and cold sweat. (Vertigo especially in closing the eyes, Theridion; vertigo on opening eyes, Thuja).

(NOTE.—In the earlier states of scarlatina, the Ailanthus patient will be drowsy, restless, and anxious, with heat and redness of face (if there be any rash out it will be dark and in patches) and this dizziness on moving. A later stage of the disease will find the patient in a stupor, with muttering delirium, and maybe insensibility. Also with the peculiar rash which may be imperfectly developed.)

The headache of Ailanthus is mostly a dull, stupefying pain; patient is confused and is disinclined for motion or thinking. The head is hot and face red. (Resembling somewhat the Belladonna headache, excepting that Bell. headache is chiefly of a throbbing, beating kind, denoting *active* arterial congestion.)

**EYES AND SIGHT.**—Smarting and aching; conjunctivitis; purulent discharge, agglutinating lids in morning. Shunning of light. Letters and figures are blurred. Ailanthus has cured in scarlatina cases where there were widely dilated pupils; also suffused and congested eyes; startled look when aroused; pupils dilated and sluggish.

**NOSE.**—Coryza, thin ichorous discharge without fetor, with rawness in nostrils; nose and upper lip covered with thick, gray-brown scabs. Nostrils congested; also stopped up, causing difficult breathing through them.

(NOTE.—The above symptoms (chiefly clinical) of Ailanthus are very similar to those of Arum-tripphyllum. With Arum-t. there is, perhaps, more soreness and rawness of nose and lips, more restlessness and less stupor than with Ailanthus. The Arum-t. patient will pick at the sore nose till it bleeds (also Conium), and the mouth is so sore he won't eat or drink. The peculiar rash of Ailanthus and its stupor chiefly distinguish it.)

**FACE.**—Face pale; complexion sallow and bilious. Red and hot face. Irregular spots of capillary congestion as in drunkards after a debauch. Eruption miliary, more on face and forehead (than on rest of body).

In cases of suppressed scarlatina rash the face assumed a dark mahogany color. Puffed erysipelatous swelling. Inflamed vesicles on lower lip; ragged ulcer near corner of mouth. (Painful crack in corners of mouth, Cund. and Nat mur.) Tearing pain in face, head, and left upper or lower teeth; worse lying, must walk about; better from pressure and toward morning.

**MOUTH, ETC.**—Teeth covered with sordes. Tongue dry,

parched, and cracked. Also coated with whitish coat, *brown in centre*; or coated white with tip and edges livid.

(NOTE.—The Arum-tri. tongue is apt to be very sore, red, and cracked, not coated.)

THROAT.—Irritability of throat and hawking of mucus. Throat tender and sore on swallowing or inhaling air. Thick, cedematous, and dry, choky feeling in throat. Fauces and tonsils inflamed, with spots of incipient ulceration. In scarlatina the throat is livid, swollen; the tonsils swollen and studded with deep ulcers, oozing a scanty, fetid discharge; externally throat and neck swollen and sensitive.

STOMACH, ETC.—Thirst for cold drinks or brandy. Hunger and distressing sensation of general emptiness during the chill. Water tastes flat. Frequent belching with headache. Vomiting speedily during chill; suddenly on sitting up. Food speedily vomited.

Peculiar feeling, emptiness in stomach.

A feeling of "insecurity" (like Aloes), as if he might have diarrhoea any moment. Burning in both stomach and bowels from excessive smoking.

STOOL.—Thin, watery, forcibly expelled, with burning and griping; passed involuntarily with urine. Urine may be suppressed.

LARYNX AND COUGH.—Aphonia for a day or two before the cough begins. (Hoarseness relieved by coughing, Stann.) Voice almost lost morning on waking. (In morning, Alumen, Carb-v., Caust.; on waking, Nux-m.) Cough is deep and painful; breathing is suppressed; also with headache and congestion of face. Expectoration muco-purulent or bloody.

CHEST, ETC.—Excessive soreness and tenderness of lungs. (Arn.) (Chest so sensitive cannot bear percussion or even auscultation, China.) Tired feeling in lungs, breathing is almost too much exertion. (Weak feeling on talking, Sulph.; talking causes such weakness must desist, Calc.) Dull pain and contracted feeling in region of base of heart and through centre of left lung. Rapid, small, or weak irregular pulse. Pressure of clothes on chest is uncomfortable. (Also Benz-ac., Lach.)

LIMBS.—Numbness and tingling in arms and fingers (Acon., Kalm., Rhus) on waking. Large water blisters on end of thumb and sides of finger nails. Left leg feels numb, with tingling and pricking pain in foot and toes. Pain in left foot on walking.

SLEEP.—Disturbed and unrefreshing. Talks, moans, sweats during sleep. Sleepy after a glass of wine. Sleeps best on right side; worse on waking.



**FEVER, CHILL, ETC.**—Chill preceded by a miliary eruption, worse on face and forehead; during chill intolerable pain in back and hungry, empty feeling. (Chill with hunger, Nux-v., Phos.) After the chill flushes of heat, soreness of lungs, and pain in head.

**SKIN.**—Skin dry but not hot. (Bell. skin is *hot* even to the touch.) Eruption of miliary rash in patches of a dark, almost livid color; the skin shown between these patches is purplish. The eruption disappears on pressure, but *returns slowly afterward*. (With Bell. the eruption returns quickly, almost at once; it is also finer than that of Ailanthus.)

The Ailanthus eruption is more profuse on chest, face, and (especially) on forehead than on rest of body. It is slow and tardy, often incomplete in appearing, and is more of a livid color than the scarlet color of the usual scarlatina rash. Ailanthus has caused an eruption looking almost exactly like that of measles, but was not accompanied by catarrhal symptoms. It has also produced a sore on the prepuce which looked very much like an incipient chancre; it dried up on ceasing the drug.

**PECULIARITIES.**—Sensation as of an electric current from head to extremities. Feeling of fullness everywhere. The extreme soreness in lungs. The peculiar rough, livid rash; slowly returning after the pressure. The stupor and muttering delirium.

Ailanthus is to be compared with Amm-c., Arn., Arum-tr., Aloes, Bapt., Bry., Gels., Hyos., Lach., Nitr-ac., Nux-v., Oleum-jecoris, Phyt., Rhus, Stram., Zinc, etc. Nux vomica is its most general antidote.

### ALETRIS FORMOSA.

This drug is useful in weak, debilitated persons, whether caused by defective nutrition or from protracted illness (Psorin). There is weak digestion; least food causes distress (like Carbo-v.); flatulent colic, constipation, etc.

During an attempt at stool there is terrible pain, as if a passage were being forced. (Grasps the seat tightly while at stool, perspiration stands out on patient, who despairs of having a stool, Alumina.)

In women, with these symptoms, we find menses too early and profuse, often with labor-like pains, general weariness of mind and body. Obstinate vomiting during pregnancy. Menorrhagia with symptoms of uterine and ovarian congestion. Prolapsus uteri from atony. A great tendency to abortion in debilitated women (also Carbo-v., Ferr., Secale, Sepia, Sulph.),

with weight, pressure in uterine region, or with a tendency to prolapsus uteri (also Podo.).

In its application to cases of abortion Aletris is especially to be compared with :

**CAULOPHYLLUM.**—Habitual abortion from uterine atony; when threatened there are spasmodic bearing-down pains; pains especially severe in back and loins (like Kali-c.); tremulous weakness; with all these pains the uterine contractions seem feeble. Like the labor pains of this drug, those felt during threatened abortion are tormenting, irregular, and for most part useless.

**CIMICIFUGA** is especially called for in cases of abortion in women of rheumatic tendency (Caulo., also, but less prominently). In these cases there are cold chills and pricking pains in mammæ. There may also be convulsions with the labor pains. Abortion following fright (also *Acon.*, *Gels.*, *Op.*).

**HELONIAS.**—The symptoms indicating this drug are very similar to those of Aletris. Both have the weakness, the prolapsus uteri, the weight and pressure in abdomen, etc. The mental condition of Helonias is marked and distinguishes it. The patient is very *melancholy* and depressed; is irritable, cannot bear to be contradicted; she is always better when doing something and when her mind is occupied. This drug is especially suited to women who are enervated from indolence and luxury. Aletris is called for in those who are weak from long sickness or from defective nutrition.

**PETROLEUM.**—Prolapsus uteri in patients reduced by chronic diarrhœa, occurring during the day.

**SABINA** is especially called for in women who abort habitually about the third month (others are *Apis*, *Plumb.*, *Secale*, *Thuja*). The pains go from back through to pubis; also pains in legs. There is apt to be a profuse discharge, bright red and partly clotted.

**SECALE.**—Also in abortion at third month, especially in thin, feeble women, with passive hemorrhage of dark blood. The pains are feeble and irregular; parts seem to be relaxed, yet no progress is made.

**VIBURNUM.**—Threatened abortion in cases where the pains begin in back and go around into uterus, where it is a very severe cramp.

Besides the remedies here noticed, the precursory symptoms of abortion are chiefly covered by such remedies as *Arn.*, *Bell.*, *Bry.*, *Cannab-s.*, *Cham.*, *China*, *Cina*, *Cocc.*, *Croc.*, *Hydras.*, *Hyos.*, *Ipec.*, *Kali-c.*, *Lyc.*, *Nux-v.*, *Plat.*, *Plumb.*, *Puls.*, *Rhus*, *Ruta*, *Sepia*, *Silicea*, *Sulphur*, *Zinc*, etc.

## ALLIUM CEPA.

**MENTAL.**—Apathy. Melancholy with catarrh. Restless anxiety (causing restless changing of position from the pains, like Arsenic). Becomes almost distracted from pain in suppuration of fingers.

**HEAD.**—Confusion of head and headaches *with coryza or catarrh*. (The catarrh may be slight and the headache will be severe.) Pains in temples, worse on moving or winking eyelids. (Pain in temples on moving eyelids is, also, Badiaga, China, and Sulphur.)

Dull headaches, with coryza, worse in evening, in warm room, better out-doors. Headaches ceasing during the menses. (Headache ceasing on appearance of menses, *Verat.*; ceases at the onset of menses, but returns during the flow, *Alum.*)

Numbness in bones of skull, as if asleep. A prickling sweat on the bald vertex after each meal. (Sweat on forehead while eating, *Carbo-v.*, *Nitr-ac.*, *Nux-v.*; on scalp, *Nux-v.*, *Petr.*) With the headache a sensation as if whole head were wrapped up in warm water.

**EYES, ETC.**—Excessive lachrymation, with redness of the eyeballs, frequent sneezing. Burning, biting, and smarting of eyes, as from smoke. (Crocus has objects appear as if viewed through smoke.) Lachrymation worse in evening in warm room.

**EARS.**—Pain in ear from deep in the head. Humming and roaring in ears, sounds seem to come from a long distance (also *Cham.*, *Ether*, *Sol-n.*).

**NOSE.**—A most prominent use of this drug is its place in the treatment of nasal catarrh. The discharge is watery and acrid from the nose but bland from the eyes. A watery discharge dropping freely from the nose is very frequently stopped by this remedy. Violent catarrhs coming on after a spell of rainy weather, with northeast winds; the eyes water, much sneezing and dropping of clear water. This remedy has been also found useful in "hay-fevers" or annual August colds, where patient is very sensitive to the odor of flowers, etc. The coryza is worse evenings and in-doors and better out in open air. (This is very similar to the coryza of *Nux-v.* We have fluent out-doors, stopped in-doors, *Iod.*, *Kali-c.*, *Sulph.* All-cepa excoriates the upper lip. *Mercurius*, the alæ and calumnæ of nose; while *Arum-tr.* excoriates both nostrils and upper lip, the *left* nostril the most.)

**FACE.**—A peculiar pain in face, described as "thread-like,"



is found with this drug. Paralysis of left side of face (may be also in limbs of same side), with copious secretion of urine.

A toothache which is worse when the catarrh ceases and is better as catarrh is freer.

THROAT, ETC.—Much dryness of mouth. Also an aching like a large lump on the root of tongue, roof of mouth, extending toward the ear. With its influenza, we find soreness and dryness of the throat. Symptoms better in cold air. Among its sensations are numbness and coldness felt in throat (this cold feeling is prominent with Cistus). A tearing pain in throat on coughing (also Cistus and Phosp.), which pains so much the patient grasps the larynx to protect it.

A feeling as of food stuck behind the breast bone and would not go down. Tickling in larynx is quickly relieved by eating a piece of apple.

APPETITE, ETC.—Bad effects from eating spoiled fish (like Carb-v. and Puls.). Hering reported cases (of yellow fever and of pneumonia) where the patients craved raw onions.

ABDOMEN.—Again the "thread-like" pain is noted; cutting like a thread in abdomen. The colicky pains are worse sitting and better when moving about and also after passage of flatus.

ANUS, ETC.—In cases of constipation after the abuse of Quinine, think of this drug. (Chronic weak digestion from abuse of Quinia is Verat-alb.) In anus and the protruding hemorrhoids there is felt a cold creeping, like a worm, worse on left side. (Guernsey gives, crawling sensation, Ant-c., Chin., Kali-c.)

URINE.—Increased secretion, with coryza. Spasmodic strangury after getting feet wet. (Retention of urine from cold is chiefly met with under Aconite; a pain in urethra from getting feet wet is Calc.) Bladder very sensitive. Child cannot bear to have hand placed there, makes it scream.

MALE SEXUAL ORGANS.—Pains in bladder and prostate after coition; a weakness in hips interferes with coition. Strangury of a spasmodic nature after getting feet and bowels cold.

LARYNX, ETC.—Catarrhal laryngitis; a hoarse cough which seems to tear the larynx; the patient grasps it with hand; he crouches from the suffering. There is a constant inclination to hack to relieve the tickling in larynx. The cough is worse in evening and in cold air. He must take a long breath and then he is sure to sneeze.

BACK.—Pain in small of back if bowels did not move. (Backache with constipation is also Kali-bi., Lach.) Intense cervical pains with influenza. Rigidity of spinal column in periodic attacks, with pain through chest.

**EXTREMITIES.**—Pains in the joints, especially a laming pain. Whitlow or panaritium on fingers, pains very severe and shoot up the arm. Panarititia in childbed. Sore and raw places on the heels from friction. (Compare here with Am-m., Ant-cr., Caus., Graph., Led., Mang., Natr-c., etc. For rheumatism in the heels, when patient cannot bear any weight on the heel, Mang. is often indicated. Plethoric women with arthritic pains often require Sabina.) Neuralgia in stump of an amputated limb (also Am-m.), with violent burning, stinging pains.

**GENERALITIES.**—The pains of *Allium cepa* come on after exposure to cold wind and damp weather. It has ailments from getting feet wet (like Calc., Puls., Sep., Sil., etc.). Most symptoms are better out-doors (except cold air aggravates the cough); motion ameliorates many symptoms. Its symptoms occur in spring, in August, or in autumn. Its colds go from left side to the right. All joints ache. Injuries do not heal.

### ALLIUM SATIVA.

**MENTAL.**—The patient fears he will not be able to take any medicine; fears he will not recover; fears being poisoned. This is evidently a hypochondriacal condition.

**HEAD.**—We find heaviness and dizziness ceasing during menstruation and returning afterward.

**EYES.**—Patient has catarrhal ophthalmia, which is brought on when he tries to read at night; accompanied with agglutination of the eyelids.

**MOUTH.**—Sensation of a hair on tongue during night and renewed in morning on waking. Copious flow of sweetish saliva after meals. Mouth symptoms worse from reading.

(NOTE.—Sensation as of a hair on tongue is Natr-m.; on back part, not relieved by eating or drinking, is Kali-bi.; sensation as of hair on tip of tongue, followed by numbness of mouth, Nat-ph.; sensation of hair on fore part extending to trachea, Silicea.)

**STOMACH, ETC.**—Voracious appetite and complaints from overeating. The least change in diet causes dyspeptic troubles. Symptoms worse after eating; chest symptoms also. Desire for butter (also Merc.); complaints from using bad water (also Zingiber). Useful in old chronic cases of dyspepsia, especially in old and fleshy patients whose bowels are disturbed and dyspepsia made worse by least change in diet.

**ABDOMEN.**—Everything seems to drag downward (like Lil-t., etc.). Each step on the pavement causes excruciating pain, as if intestines would be torn apart; better lying. Constant dull

aching pain in bowels with constipation. (Pregnancy, etc., said to be injurious to the pregnant or nursing woman.)

LARYNX, ETC.—A chronic catarrh of trachea, etc., without fever, but with difficult breathing and moist cough. Sternum feels compressed.

EXTREMITIES.—Rheumatism of hips (Coloc.). Also an intolerable pain in the common tendon of the iliac and psoas muscles; worse from least (active) motion; cannot cross legs unless he does so by gently lifting the limb; worse night in bed, cannot sleep or change his position. Pains worse from changes of temperature and from moist heat.

GENERALITIES.—Periodic asthma. Dropsy after protracted intermittent fever in marshy country. The chest troubles are worse in open air. Coldness felt in sleep and awakes patient. Pressure relieves pains in abdomen.

## THERAPEUTICS OF THE THROAT.

### CARBO ANIMALIS.

This drug ought not to be blindly identified with *Carbo vegetabilis*, as has been done by some. Compare the following distinctive symptoms with those of *Carbo veg.*, and all thought of *identity* will vanish:

#### *Objective.*

Pharynx full of mucus, hanging in long tough strings, requiring hawking all morning, till noon. (*Carbo veg.*, loose masses, easy hawking.)

Ptyalism during sleep.

Aphonia at night. (*Carbo veg.* morning.)

Tongue immovable, speech drawling, slow. (*Scirrhus.*)

Glands (salivary and cervical) indurated, STONY.

COPPER-COLORED SPOTS ON SKIN.

Thyroid swollen (in young subjects).

#### *Subjective.*

Mucus in throat, keeps one awake all night, from fear of suffocation, which threatens as soon as the eyes close.

C. Hg.

Causes, aggravations, and aversions.

Cancerous and syphilitic cases.

Scrofula in young people.

Scurvy.

Morning (hoarseness; hawking of mucus).



Noon (debility).

Evening (hoarseness followed by *aphonia*).

Night (fear of dark ; fear of shaking).

Lying on side.

Open air ; exertion ; tobacco smoke (*Ign.*).

Lactation ; sudden prostration, as babe gets through nursing (*Cocculus, Oleander*).

Menstruation (legs and thighs give out).

FISH (good or bad).

Bad weather (scars and cicatrices open ; stinging).

Shaving (toothache from).

Aversion to fats.

#### *Ameliorations and desires.*

Lying on back.

Light.

Craving for fresh things ; acids ; pickles.

#### *Concomitants.*

Presbyopia (*Carbo veg., myopia*).

Swollen glands *painful*.

Dyspeptic symptoms, as in *Carbo veg.*

#### *Remarks and comparisons.*

Effects deeper organic changes, as in glands, skin, joints, and other inferior structures, than *Carbo veg.*, and is preferable in glandular affections, especially cancerous and syphilitic, and in scurvy. The patient feels as if homesick ; is easily frightened (as by the dark), and the moods are very changeable. The head is easily confused, so that one is not sure if one has slept the previous night or not ; SOUNDS ARE NOT EASILY LOCATED IN THE PROPER DIRECTION, the complexion is earthy and cachectic ; the sweat is YELLOW, fetid, and profuse, the feet are extremely cold, the nervous system weak and easily congested, as shown in the color of cancers and other tumors (compare *Lach., Secale, Puls.*) ; there is marked and sudden prostration from nursing the baby, just as it finishes ; menstruation is attended with prostration and weakness of thighs. Scars and cicatrices sting and open, especially in bad weather.

*Carbo animalis* is complimented by *Calc. phos.*, and may be compared with *Carbo veg.*, *Calc. c.*, *Caust.*, *Ignat.*, *Zinc*, *Graph.*, *Badiaga*, *Brom.*, and the cognates of *Carbo veg.*

It is antidoted by *Ars.*, *Camph.*, *Nux vom.*, *Wine*.

It antidotes bad effects of Quinine. (Suppression of intermittents.

## CARBO VEGETABILIS.

*Objective.*

Palate swollen; blistered; *aphthous*.

Uvula swollen, inflamed.

Tonsils swollen; gangrenous; ichorous discharge.

PHARYNX DRY, GRANULAR (as in measles).

“ bluish tint, venous capillary dilatation; ecchymosis.

“ full of phlegm, easily hawked up with flow of saliva.

Larynx ulcerated (chronic).

“ visible surface, vocal cords, etc., swollen, dingy-purple.

Cervical glands swollen, especially toward nape.

Smell from mouth fetid; *cadaverous*.

Rattling, choking, gagging; *easy hawking of small masses of green or yellow mucus*.

HOARSENESS; APHONIA; THE ROUGH VOICE FAILS ON EFFORT.

Breath cold; Cheyne-Stokes respiration.

*Subjective.*

*Aching back part of palate.*

Biting and burning in back part of fauces, as at the beginning of a cold, but more violent.

Scraping and tingling, *alleviated only for a short time by clearing the throat*.

Small burning spots in throat.

*Roughness, rawness, and dryness, “as if dried with blotting paper;” worse when swallowing.*

ITCHING, extending to ears, with desire to swallow, which act relieves.

Fullness and pressure as if obstructed.

Cramping *as if constricted*, hindering swallowing, but without pain.

*Speaking aloud requires an effort; seeming as if out of breath.*

*Reading aloud fatigues greatly.*

Fauces and posterior nares feel sore on blowing the nose, swallowing, or coughing.

Frequent irritation as if to cough (*Phos.*).

Tearing in muscles of throat and neck (*Rhus*).

Bitterness of palate, with dryness of tongue.

*Causes, aggravations, and aversions.*

Singing, reading aloud, and speaking (*Caust.*, *Ferr.*, *Phos.*, *Arum.*).

Swallowing (dryness; constriction; soreness).

Morning (aphonia, dryness) (*Carbo an.*, *Phos.*, EVENING).

NOON (prostration, drowsiness) (*Sulphur*).

Afternoon (4 to 6, mental anguish) (*Lycop.*).

Evening (hoarseness, *especially in warm damp air*) (*Caust.*, *morning, cold, dry air*).

Night (fright, fear of ghosts) (*Carbo an.*).

Meal, during (dryness, soreness).

“ after (eructations, painful hiccough).

Blowing nose, swallowing, coughing (soreness of pharynx, etc.).

Catarrh (loss of voice).

Tuberculosis (laryngitis, hectic).

Measles (ailments of pharynx, ears, eyes, nose, and skin).

Scarlatina; diphtheria (gangrene of tonsils, etc.).

Cholera (collapse, aphonia, cold breath).

Yellow fever (fetid breath, blue tongue, collapse [acts as prophylactic]).

Walking in open air or cold halls, etc.

Warm, close, damp air (cough; hectic; intermittents).

Changes of weather. West winds.

Sexual excesses, onanism, etc.

Clearing throat (ptyalism, lachrymation).

Acute diseases (prostration).

Abuse of Mercury or Cinchona.

Lying down (anxiety) (numbness of limbs).

Washing and bathing.

Heat of bed; overheating in general.

Aversion to meats, fats, coffee, milk.

Ailments from putrid meats (*Carbo an.*, *fish*).

Aversion to exercise; ailments from overlifting; from dislocations.

*Ameliorations and desires.*

Swallowing (itching in pharynx and ears).

Clearing throat; short cough (temporary).

Eructations and passage of flatus (temporary).

FANNING STRONGLY.

Sitting up and moving (choking).

Warm, dry air; light; *leaning or lounging*; coffee.

Desire for sweets and salts; for sauerkraut.



*Concomitants.*

Tongue white; white with red edges; yellow-brown; purple; aphthous; dry; raw; [stinging, tearing, sensitive, *right side.*]

Tongue heavy and inflexible, hindering speech.

“ dry as if from lime, or too much wine.

Gums recede from teeth; bleed easily; sore; pustular; aphthous.

Œsophagus feels as if contracted.

“ hiccough felt in.

Burning in stomach, with a creeping sensation upward.

ERUCTATIONS, GENERALLY FÆTID OR CADAVEROUS.

STOMACH AND ABDOMEN INFLATED AS IF TO BURSTING;  
FÆTID FLATUS.

Cough in occasional paroxysms; followed by severe *glowing burning* in chest.

Headache, *sensation as if the removed hat were still on.*

Itching around eyelids (as in measles) (Puls., Euphras.).

Ears feel as if curiously stopped by a finger, or by “little bags of sand laid against them.”

Itching around nostrils (Arum.).

Habitual nosebleed; preceded and followed by great pallor of face.

Grayish yellow complexion; great pallor (Ars.).

Emaciation, especially of face.

Depression not preceded by erethism or excitement.

Varices (*Lycopod.*).

Myopia (*Carbo an.*, PRESBYOPIA).

COLDNESS OF KNEES, *even waking one at night* (Menyanthes, *cold below knees*).

*General dullness and languor, not restless* (Bry.).

*Rancid stomach, the most innocent food will disagree.*

Absence of wax in ear.

Nose stopped up with thick yellow matter (*Puls.*).

*Remarks.*

ALL EFFORTS GENERALLY RESULT IN FAILURE, as, trying to sing, speak, swallow, breathe freely, clear the throat; to rest by lying down, to exercise for strength, to exert sexual functions, to digest food, to recover strength after acute disease; trying to hear, to look steadily at objects, to resist the weather, etc.: in all these particular attempts very poor success is met, and *Carbo veg.* will help them all.

Its general *keynotes* seem to be the following :

*Languor without restlessness.*

*Sudden debility, AT NOON.*

*Rancid or foetid belching, with rumbling and much flatus.*

*GLOWING BURNING in chest, after cough.*

*Sensation as if the removed hat were still on.*

*COLDNESS OF KNEES.*

*Desire to be strongly fanned.*

*The rough voice fails on effort.* [Complete aphonia (*Caust.*).]

*Sexual debility.*

*Varicose states of veins and capillaries.*

*Is prophylactic against yellow fever.*

*Has cured after pains located in shinbone.*

*Relations :* Complements the action of *Phos.*, and is complemented by *Kali-carb.*

*Precedes well :* *Ars., Cinchona, Dros., Kali. c., Merc., Phos. ac.*

*Follows well :* *Phos., Kali. c., Lach., Sep., Nux vom., Sulph., Tabac., Verat. alb.*

*Incompatibles :* *Carbo an., Causticum.*

*Compares well with all the above, and also with Secale, Silic., Bry., Lycopod., Eupat. perf., Calc. c., Puls., Rhus, Nitr. ac., Bell., Antim tart., Ferrum, Phos.*

*It antidotes Cinchona, Lach., Merc., and is antidoted by Ferrum, Ars., Camp., Coff., Lach., Spir. nitr., Dulc.*

E. CRANCH.

## SEPIA.

### OBJECTIVE SYMPTOMS.

Fauces *red*, throat *bright red* and dry, redness of both sides of throat. *Left tonsil* much swollen, covered with pustules. *Inflammation*, great swelling, and suppuration of left tonsil. *Constant accumulation of mucus in throat, which almost suffocates.* Dryness and roughness of tongue and palate. Left side of throat and tongue, and corner of the mouth covered with vesicles. Swelling of the cervical glands, submaxillary glands swollen; left submaxillary gland and tonsil very much swollen. Slight swelling of the right parotid gland in the evening. Hawking up phlegm and bloody mucus in the morning.

### SUBJECTIVE SYMPTOMS.

Throat dry and hot with paroxysms of pain attended by lachrymation; relieved by detaching mucus, which has to be

swallowed. *Raw feeling in the posterior nares, with dryness and rigidity in the throat below*; throat so dry as to seem like a board, as though the opposing parts would not blend in swallowing. Constant dryness and contracted sensation in throat, in evening before going to sleep. Dryness in throat not relieved by drinking. *Dryness in posterior nares, yet much mucus in the mouth* with involuntary urgings to swallow. *Sensation of a plug in throat*; dryness with sense of thickness in throat. Sore pain in throat when swallowing, immediately after a meal. Feeling like cramp in throat at inner side of cervical vertebræ. Trapezius muscles very sore and sensitive to the touch. Painful contraction and pressure in throat. Pressive pain in upper right side of throat; pressure in throat as if choked with something which would not go down, pressure as from a plug which it seemed he must swallow. Pressure in throat toward the back when swallowing food and drink. Pressure in throat, when dressed ever so loosely. Pressure in region of the tonsils as if the cravat were tied too tightly. Pressure and cutting in throat when swallowing, with a coating of mucus in the throat. *When attempting to hawk the mucus, the pressure and cutting are aggravated*, with sensation as if throat were cut with shears, followed by bleeding. Great accumulation of mucus in throat during night. Burning heat in throat with fullness and pressure in head; smarting, then cutting; at times also pressing sensation in left side of throat; raw feeling, accumulation of much phlegm. *Throat feels as if it had been skinned*; pinching in throat from larynx upward; slight creeping in throat; scraping, sticking pain in uvula; very sensitive on swallowing, with shaking chill and collection of mucus, which cannot be loosened. Pain prevented swallowing. Numb feeling in right tonsil. Smarting and burning on posterior portion of fauces and palate, as from violent coryza. Muscles of deglutition seem paralyzed.

#### LARYNX AND COUGH.

Frequent pressure in the larynx. Feeling of dryness in larynx. Accumulation of much mucus in larynx, difficult to cough, but easy to swallow.

*Sudden hoarseness.*

*Hoarseness and fluent coryza.*

*Hoarseness*, she is unable to sing high notes. *Hoarseness*, unable to utter a loud word. *Hoarseness with dry cough*, from titillation in the throat. Cough caused by titillation in the larynx without expectoration. Short and hacking cough when going to bed.



Cough, frequently dry whooping and choking,\* with pain in the pit of the stomach, and scraping, raw, sore pain in the larynx, not felt when swallowing food; the cough does not rouse her from sleep, but after waking is violent and continuous; sometimes rattling in the trachea resulting in mucous expectoration.

Cough in evening in bed, with vomiting of bile; cough with nausea and retching.

#### AGGRAVATIONS AND CONDITIONS.

*Deglutition.*—Stitching pain in the throat, pressure and cutting in throat; pressure and cutting toward the back, when swallowing food and drink. *Pressure in throat as if cravat were tied too tightly.*

*Empty deglutition.*—Stitching, scratching, and sore pain in the fauces.

*Hawking.*—Pressure and cutting in throat, roughness and burning in fauces.

*Smoking.*—Contracts the fauces.

*After a meal.*—Immediately, feeling like cramp in throat, at inner side of cervical vertebræ; with difficulty of swallowing.

*Heat and cold.*—Pains relieved by heat, worse from cold.

*Moving the head.*—Stitching and tensive pain in swollen parotid gland (the right).

*Turning the head.*—Aggravation of soreness of trapezius muscles, and sensitiveness of neck to the touch.

*Pressure and touch.*—Pain or bruised feeling in swollen submaxillary glands.

*Morning.*—Sitting up in bed; *painful jerk from throat to pit of the stomach.*

*Morning.*—When rising; sweat on the forehead, weakness and qualmishness, hawking up phlegm.

*Afternoon.*—Heat in the throat, and fullness and pressure in the head; paroxysms of pain in throat attended with lachrymation.

*Evening.*—Scraping in throat when swallowing; sensation of a plug in throat; *muscles of deglutition seem paralyzed for several evenings.*

Just before going to sleep, dryness and contracted sensation in the throat; dryness not relieved by drinking.

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\*NOTE.—Dr. Allen's *Encyclopædia* modifies this extract from *Chronic Diseases*, probably from clinical observation, substituting words "whooping and choking" for "short and hacking," and words "swallowing saliva" for "swallowing food," as here given.

*Night*.—Frequent waking, with great accumulation of mucus in the throat ; distressing dreams.

#### CONCOMITANTS.

*Mental*.—Sadness, melancholy, anxiety, irritability, sensitiveness.

On rising in the morning, weakness, sweat on the forehead, and qualmishness ; dullness of the head ; heat over the whole body ; pulse 108, followed by a stupid condition, in which he did not know whether he was asleep or awake. With heat of the whole body, thirst, and burning of the eyes. Offensive breath, foul taste as of old catarrh ; sour taste. Extreme nervous restlessness ; great faintness, with heat, then coldness ; languor, feeling of prostration ; great weakness ; frequent trembling of the whole body ; ebullition of blood in the whole body ; drawing pain all over, even in the bones of the arms. Very sensitive to cold, cold air disagreeable. Symptoms more severe on the left side, generally better after supper ; better in the open air, from active exercise, except riding on horseback. Characteristic skin eruptions, are red-wine-colored spots, red itching herpetic spots on both sides of the neck ; vesicles on the upper lip ; itching blisters and blotches on face, hands, and feet ; blisters form easily on the heel.

*Cured by Sepia*.—Naso-pharyngeal inflammation and catarrh, diphtheria, faucial and laryngeal laryngitis, pustular tonsilitis. (Sepia<sup>800</sup> ; Epithelioma of lower lip, Dr. Dunham.)

Authorities : *Hahnemann's Chronic Diseases*, *Allen's Encyclopædia*, mostly quoted verbatim.

B. L. B. BAYLIES.

#### POPULUS CANDICANS.

About 1875 I had two provers of *Populus candicans* (known about here as "balm of Gilead," but only resembling the charmed Oriental Mecca-balsam or Gilead-balm. Peanut oil resembles the oil of the olive, and hence is used to adulterate. However, the resinous gum exuding from buds and stalks of this well-known tree, deliciously aromatic in perfume, is widely used to heal wounds, open sores and eruptions, and often suppresses these latter to the harm of the patient. It should be understood that most persons apply this gum without noticeable poisoning, yet, like Arnica, it is dangerous. (Perhaps the poison comes from insects, as thought by Dr. Hering. Gnats and flies are abundant

prisoners sticking to the buds). I have seen many poisonings of poison ivy and oak, but never saw blisters of *such size* as in S. E. C.'s proving. The size, with shape hanging down like water bags, is peculiar, larger than from Crot-tig.

1. Dr. Haworth, Andover, Mass., a very careful observer, took tinct. and 30c. several times about ten years (1870-82) and noted several poisonings. He did not distinguish between internal and external (accidental) provings.

2. Miss S. E. C., a patient of mine, dark, spare, wiry, in good health, about thirty-five, teacher, working hard at teaching until she was poisoned when preparing the freshly gathered buds for domestic use in Alcohol, April, 1875.

Eruptions. Five hours after she had burning, prickling on face, chest, and hands, parts became dark red and swollen, small vesicles appeared within twelve hours, directly increasing in size and commingling with *watery, acrid, sticky oozing*. The blisters remarkable in size and shape, *hanging down* like bags of water, as large as walnuts. S. E. C.

*Sensation of eruption*, about to break out (for years.) S. E. C., Haworth.

*Sensation of perspiration*, about to break out, but sweat rarely occurred, skin harsh and dry. S. E. C.

*Cold-sores* on lips, tingling, burning with *acrid watery oozing*, (never turning to pus, but drying over). Vertigo and vanishing of thought until hydroa appeared. (Haworth, two cases reported.) Sores and raw spots in various places. (Haw.) The whole surface of body, especially back and abdomen, remained *for months so lacking sensibility that vigorous rubbing and pounding by a strongly muscular woman were borne without pain, were almost unfelt*, but craved by the patient, who *feared paralysis*. (S. E. C.) Patient also craved rubbing to relieve chilly sensation internal and external. (S. E. C.)

Chilly, yet with burning stinging below surface, chest and abdomen. (S. E. C.)

Skin generally dry, harsh, lacking perspiration. (S. E. C.) Fine papillary eruption on face and trunk appeared annually (April), growing less abundant (under Rhus) ten years. (S. E. C.)

Mental, etc. Apprehensive; expects death and fears it; loquacious, discussing *repeatedly her symptoms with every one who calls*; irresolute, irritable. (S. E. C.)

Vanishing of thought. (S. E. C., Haw., two cases.)

Vertigo: as if from sunstroke (with pallid face), worse when lifting head, from motion. (Haw.)



Dreams frightful, vivid (Haw.) S. E. C., always of dead people.

Head. Sawing pain through left temple; sensation of weight in vertex; hot head suddenly, with numb, cold extremities; sensation as if left eye were twisted (during the severe headache). (Head hot, Haw.)

Face yellow. (S. E. C.)

Tongue feels thick and numb; speech thick; white, dry tongue. (S. E. C.)

No appetite, loathes meat, bitter taste, sweet taste. Vomits bile A. M. (S. E. C.) Vomits frequently, bitter. (Haw.) Nausea with sinking at epigastrium. (S. E. C.) Flatus with colic, doubles forward. Pain and general enlargement in right hypochond. (S. E. C.)

Diarrhœa (green, watery stools) alternates with constipation. (S. E. C.)

Wears her garments loose (abdomen and chest. S. E. C.).

Urine increased, red, dark, light, phosphates abundant (no albumen). (S. E. C.) Many phosphates, very frequent urination at night. (Haw.)

Menses scanty, a year (1875). *Absent* 1876. (S. E. C.) Became copious (while health was improving). Early with dysmenorrhœa, relieved by hot cloths, 1877-78. (S. E. C.) All symptoms worse before menses. (S. E. C.)

Vaginal burning, as if scalded.

But little leucorrhœa. Very persistent for years. (S. E. C.)

Burning of mucous membranes of *throat*, nostrils, and *vagina*, very distressing in throat, as if from swallowing hot fat. (Haw., two cases.)

Dry, asthmatic breathing, dyspnœa. *Sits bent forward* with dry cough. *Worse* (breathing) *when lifting arms*. (S. E. C.) Dull cardiac pain, fine stitches, palpitation with vertigo when rising or lying on left side. (Her brother has valvular disease, following rheumatism.) She has not previously discovered heart symptoms. For a year the heart sounds were irregular, usually muffled, with systolic murmur, especially noticed *before menstruation*. Pulse slow, about sixty (her normal pulse seventy-two). (S. E. C.)

Back numb throughout its whole length, as if numbness radiated from the spine, (associated with the abdominal loss of sensation). (S. E. C.)

Finger ends thickened, horny, insensible to pricking or pinching, nails not thickened. (S. E. C.)

Finger nails occasionally blue, as in ague. (S. E. C.)

Sleepless after midnight, usually until noon. (S. E. C.) Of case S. E. C., my patient was given numerous remedies. Rhus proved more serviceable than others seemingly well indicated. She is now in fair health.

If *Guiding Symptoms* want to epitomize some more radical nosodes, I have had clinical experience with Psoria, Medorrhine, Syphilinum, Tubercul., and Alb.

Perhaps some of my notes on Piper Methysticum at Honolulu might be helpful.

C. F. NICHOLS.

## A REPLY TO "WAS HAHNEMANN INSPIRED?"

DEAR EDITORS: Under the caption "Was Hahnemann Inspired?" Dr. Van Denburg makes some very surprising statements. As these have passed unremarked in either the February or March numbers, I feel it my duty as a student of the *Organon* and a faithful practitioner of the Homœopathy of Hahnemann to offer a reply, however feeble or faltering.

To the remarks on mesmerism a few sentences from Section 293 ought to be a sufficient rejoinder. Hahnemann says this curative power differs greatly from all other remedies, and of its "efficacy none but madmen can entertain a doubt," and further, that it acts homœopathically by exciting symptoms analogous to those of the malady. It acts likewise by imparting a uniform degree of vital power to the organism when there is an excess of it at one point and a deficiency at another; finally, it acts by immediately communicating a degree of vital power to a weak part or to the entire organism—an effect that cannot be produced by any other means with such certainty, and without interfering with the other medical treatment. In note 2 he adds—"this positive communication of the vital power is no more a palliative than food or drink to hunger and thirst."

The Doctor's talk about Morphia in the treatment of renal calculus betrays a great lack of experience and a complacent indifference toward the comparative results of homœopathic and allopathic practice. Who has not known of many such cases suffering agonies day after day in spite of all the Opium and Morphia the allopaths dare administer? And yet it is asserted, without any reservation whatever, and with the air almost of omniscience, "that the proper amount of Morphia will inside of ten minutes begin to ease the brain." Possibly the last word was a misprint for pain; but the whole article looks like an en-

deavor on the part of the Doctor to ease his brain (or conscience) of sundry transgressions against the law of similars. A few cases will show that the "old veterans" are not all dead yet, or rather that their method still lives and bears the same fruits of success in these latter days.

CASE I.—A homœopathic physician of the uncertain kind fell a victim to gall-stones and suffered untold agonies generally for a week or longer at each attack, the attacks recurring with distressing frequency for two years or more. Unskilled (because untaught) in the correct homœopathic treatment of this malady, and not having any other homœopath in reach, he fell into the hands of the allopaths with the result above stated; finally he wrote asking me the treatment I would recommend. Accordingly I prepared a list of remedies with the indications for each; he had not much difficulty in the choice of a remedy, and when found it cured the case completely, so that for seven years he has been free from trouble of this kind, and for aught I know has enjoyed good health in every other respect. Remedy was China.

CASE II.—An old lady was taken last Thanksgiving Day, after the usual hearty dinner of that anniversary, with severe gall-stone colic. The nearest allopath was summoned, and for the space of seven weeks the stereotyped Morphine treatment was followed; finally, when the patient was apparently at death's door, I was summoned to the case. The skin and eyes were heavily jaundiced, the stomach was so disturbed that only sips of ice-water could be retained; the bowels moved only under the influence of purgatives, and these invariably caused most intense exacerbations of the colic with the poor result of scanty, clay-colored stools; urine full of bile, and the liver extending fully two inches below the ribs, while the gall bladder, enlarged to the size of a man's fist, hung down as far as the iliac crest, feeling quite solid to the touch, and apparently full of thickened bile, if not impacted calculi. A dose of *Nux v.*<sup>200</sup> changed the whole aspect of the case in a few hours so that the appetite returned, the vomiting ceased, and patient had a natural stool every day; during the following week a dozen or more gall-stones, averaging a quarter inch in diameter, were passed without pain, and only one attack of colic supervened, about the tenth day after the initial dose; this was promptly met by a dose of *Lycopodium*<sup>10m</sup>, and convalescence was at once established. The gall bladder emptied itself of its contents and withdrew to its normal position in a few days, while the liver followed more slowly.



CASE III.—Summoned shortly after midnight to a lady in great pain, I found the case to be one of renal colic. She was writhing, moaning, and wringing her hands; the pain culminated every little while in distressing retching and vomiting; there was also constant urging to stool and to urinate with the pain. A dose of *Nux v.* every five minutes put her to sleep in half an hour.

These cases are emergencies in which a cool head is required to observe symptoms accurately and choose the remedy wisely. Such work can never be done by ignorant physicians. It is sad to think that any such exist to prey upon the public. How long before ignorance in physicians will be legally, as it is morally, criminal?

A word about the “bastinado” case in the same number. Why was not the homœopathic remedy for the effect of anæsthetics used, viz.: Acetic acid or vinegar? Or if used, why not record its failure?

D. C. McLAREN.

NASHVILLE, MICH.

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#### CLASS-ROOM TALKS. No. 4.

(FROM LECTURES BY PROFESSOR J. T. KENT, M. D.)

The proving of *Silicea* superinduced in the provers a tendency to, and a deposit of, tubercular and calcareous masses in the lungs, in the abdomen, in the lymphatic glands, in the brain and spinal cord, in old cicatrices; tubercular deposits in any part of the body, such as are found in tuberculosis-phthisis, *tabes-mesenterica*, etc.; friable, calcareous deposits, found in arthritic and pulmonary calculi; in calcareous deposits in the glands, or calcareous deposits in any part of the body, and it causes these deposits to suppurate.

Great danger to patients of these peculiar diatheses may follow a prescription of *Silicea*, especially if the disease is of long standing and well advanced and the remedy is repeated. The danger lies in that tendency in *Silicea*—as in *Sulphur*—to excite the suppurative process, especially about foreign bodies; the tubercle or calculi sustaining such a relation to the system, *Silicea* seems able to excite in the vital force an effort at expulsion, which, if the deposit were deep and extensive, would in all probability be of fatal result through destruction of the parenchyma of the lungs, if the disease is there located. In a very small deposit there might be a chance of suppuration and healing without destroying so much of the lung-tissue as would

endanger life. Hence, we see that Silicea is a dangerous remedy in cases of tubercular deposits in any of the deeper and more vital organs because of this suppurative tendency. Silicea is a wonderful remedy in tubercular-meningitis, basilar-meningitis when indicated and not repeated, but if you do not *know* and observe well the disease in all its modalities, you will kill instead of cure your patients; you will consider that which *is* really an improvement a worse condition, and interference at this time means death. You may have prescribed for a child that has been roused from the state of coma and general paresis, but he begins to roll and toss about the bed, screaming out in his agony, until he drives the friends and the doctor nearly frantic. The parents and friends will all beg you to find him relief; they will implore you for opiates, for anything, to relieve the agony, and if you are not very firm, with the firmness that knowledge gives, you will lose him yet. You must seat yourself gravely with these people, explain to them carefully the terrible alternative and the prospect of recovery if you allow the remedy its full and perfect work. You must show them that the distress is caused by the most violent formication in the skin, with biting, stinging, and itching, almost unbearable, owing to the renewed activities of the nerves. Leave it alone for two or three days, and for your forbearance you will be blessed with his return to health.

Silicea has another marked characteristic. Nature shows a tendency to encyst foreign bodies, as shot, balls, etc., which received into the body accidentally remain imbedded and finally become encysted with a protective plasma. They are thus often prevented from creating disturbance to the economy for many years. Should a patient, having suffered such an experience, come to you, no matter if Silicea were clearly indicated, beware how you give it if the foreign body is deeply located or supposedly near a vital organ, as the remedy may, if repeated, excite the suppurative process, creating long, tubular sinuses, and before the work of expulsion can be accomplished you will have a *funeral*. Never give Silicea when you have reason to think there is a deeply imbedded bullet in a patient.

You will often be surprised at the opening of an old cicatrix, with discharge of the tuberculous or calcareous deposit, showing again the common tendency to suppuration and expulsion of foreign bodies. What signification could we find in the text of the *Materia Medica*, where it reads, "Expulsion of foreign bodies," were it not for this tendency to expulsion by suppuration?

A Silicea cold will begin with continued sneezing, dryness of the mucous membrane, headache, vertigo, coming up through the spine and neck and spreading over the head. This condition gives way to an excessive flow of thick, bloody mucus, or mucus streaked with blood, from the nose, which gradually changes to a yellow, pus-like, long-continued catarrhal discharge.

With an abscess in the mammary gland a good homœopath is expected to deal so effectually that his patient passes the different stages without discomfort or pain, no matter how large or uncomfortable-looking the abscess may be.

Right here let me tell you, don't put on a poultice, for it will spoil the action of the homœopathic drug. Why? Well, I usually want a reason for what I do—and a pretty sound one, too—and I will give you one which should be strong enough even for the physiological humbugs of this latter day. Administer a *homœopathic* remedy, and what do you expect to find as the law of its action? What do you expect it to do? Why, you expect it to *immediately* begin the process of removing from the congested and inflamed parts the superabundant blood. It does so, and the tension is relieved, the pain is gone, and only such part of the blood as has been effused into the tissue remains to be washed out by the suppurative process, or resorbed into the system. Now, what is the action when the poultice is applied? Why, it is diametrically opposed to this process—calling the blood to the part and eliminating the effusion by a forcing process.

In the matter of prescribing for a tape-worm—*don't do it!* A tape-worm will not live in a healthy stomach, and when you have cured the patient the worm will take his departure. It is both possible and probable that a stomach and intestine so diseased as to grow and feed a tape-worm may be restored to a state of health that will no longer furnish him the necessary nutrition. He begins the search for it rather than starve, and ultimately finds himself in new quarters and is very quickly dispatched. *Don't doctor the worm.* I am always sorry when I know he is present, as I keep thinking of his wormship and desire to give him a big dose and put him out. I can do it.

What is a homœopathic prescription? Does it make a prescription homœopathic to use potentized remedies, to carry minute medicated sugar pellets, to take them from a peculiar case, to use a high potency or a low potency, to use a small quantity of a drug instead of a large, to graduate from a homœopathic college, to call one's self homœopathic and then use



Quinine and Morphia to cover our ignorance? I tell you, *no!* These medicines I carry in my case are not homœopathic; the name on the sign, be it in ever so big letters, is not homœopathic; the medicines used are still drugs, and improperly administered may do even more evil than the same drug in the crude. What is it, then? Prescribing according to the exact *law of Similars*. That, and that alone, means a homœopathic prescription; that, and that alone, means success; that, and that alone, will make your name in connection with Homœopathy, in all time to come, honored above all men, as one learned in the science of the art of healing, and give you a satisfaction than which there is *no greater*. S. L. G. L.

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### THE ROCHESTER HAHNEMANNIAN SOCIETY.

The regular monthly meeting of the Rochester Hahnemannian Society was held Tuesday, March 20th, at the office of Dr. A. B. Carr, the President, Dr. R. C. Grant, in the chair.

After the regular order of business, paragraphs 105 to 115 inclusive of the *Organon* were read by Secretary, which was the investigation of the morbid power of drugs necessary for the cure of disease, and their primary and secondary action.

Dr. Biegler—There is one point that occurs to me in thinking over the good effects of our small doses, in our not getting the reaction spoken of in the sections read. Our patients recover without this reaction, and the mongrels get into a mess in consequence of large doses and frequent repetition, and when the reaction comes, they select another remedy as blindly as before and get into greater trouble, then fail and discard Homœopathy.

I would like one of these gentlemen to see a case I saw this morning, and again to-night; they would have had a reaction and then made a mess of the case. The case is one of a child generally full of life and play. The symptoms were drowsiness, increasing for twenty-four hours. *Indisposed to move, lifeless and listless*. Fauces dry and looking dark, covered with cotton-like mucus. Right tonsil swollen and red. R. Bapt.<sup>mm</sup>, 1 dose, at eleven A. M. To-night the child was full of play, with its usual life and activity, craving for food.

Dr. Schmitt—This reminds me how these gentlemen are prescribing. I read in a journal a paper that was read before the State Society. It was in regard to the use of Caulophyl., in preparing women for the lying-in state. Fifty women in a hospital were given the drug, and fifty did not receive any. The

latter got along as well as the fifty who had Cauloph. The conclusion was, Cauloph. is no use in the lying-in state.

Dr. Carr—The sections read give us warning not to change the remedy, or repeat when these secondary symptoms come up. It has been the hardest lesson for me to learn to understand and control these secondary symptoms. A few days ago I gave Lach.<sup>cm</sup>, one dose, for a Lachesis sore throat, and advised patient not to go to business. I was called in the evening to hurry and come, as my patient was worse, *he felt much worse*, had continued to grow worse all day. Pulse was five beats higher. Judging from his general appearance, tongue, etc., and as a number of symptoms that he had had were gone, I continued Sacch. lact., and the next day he was well.

Dr. Grant—There is another point: these gentlemen do not look at their books or pay any attention as to the drugs that follow each other, and will give drugs that are inimical to each other.

Dr. Biegler—In regard to the kind effects of the homœopathic dose, will illustrate by the case of a boy brought to me from Cincinnati. He had been sick since last September with what the doctor said was typhoid fever. The child suffered with a chronic diarrhœa. I did not see the child at first, but from the mother received indications for Arg-nit., which cured the diarrhœa in twenty-four hours. After a day or two the bowels moved naturally and have remained well since; but the boy was not well, and believing there was some element in the case that was not understood, I found out, on questioning the mother closely, that the boy had fallen out of an apple-tree a few weeks before he was taken sick, and had struck on his back. He was taken into the house insensible. Here was a case shattered by a fall. I gave Hyper. and cured the child, and with ten remedies, one dose of each of the MM potency, and which these scientific gentlemen could not do.

Dr. Schmitt—The latest humbugging and scientific practice is the treatment of the Crown Prince.

Dr. Baker then read a paper on Hydras-can.

Adjourned to meet at Dr. Biegler's office in one month.

W. H. BAKER, M. D., *Secretary*.

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## HYDRASTIS CANADENSIS.

W. H. BAKER, M. D., ROCHESTER, N. Y.

This is an indigenous plant, found growing in different parts of the United States and Canada, where the soil is damp and

rich. It is known by various names, *i. e.*, ground raspberry, tumeric root, yellow puccoon, and golden seal, which is the most common. It was first known to the white settlers only through the Indian tribes, as they came in contact, with whom it was very popular as a medicine; so that the medical history of this drug dates back into the dim, traditional history of this country. It was used first by the botanic physicians; later the eclectics were not slow to avail themselves of the virtues of this plant. It is only through the hands of the homœopathic school that a remedy can reach complete development, and it was left for them to bring out the hidden virtues of this drug, by subjecting it to a physiological proving, as they have so many of the remedies of the *materia medica*.

**MIND.**—Disposed to be spiteful, disagreeable toward his friends, with desire to snub them. Spitefulness, with desire to knock things about generally. (Inclined to be out of humor, and angry, *Ledum*.) Disinclination to work, to apply himself (*Caut.*, *China*, *Kali b.*, *Kobaltum*, *Nit. ac.*, *Phytolac.*, *Rumex*, *Spigelia*, have similar condition). Forgetfulness while writing, cannot remember what he is reading or talking about. (*Conium*, *Hyper.*, *Lach.*, *Lil. tig.*, *Nux vom.*, *Rhus tox.*, *Sulph.*) (Forgetful; in the middle of a speech, the most familiar words fail him—*Baryta carb.*) (Memory so weak does not even know his own room, *Psorinum*.) Vertex—Headache every other day, commencing at eleven A. M. (*Rumex* eleven P. M.) *Sulph.* antidotes the head symptoms. Eczema on margin of hair in front; worse coming from the cold into a warm room; oozing after washing. Severe frontal headache. Dull, heavy frontal headache over the eyes; severe cutting pains in the temples, and over eyes. Worse over the left; relieved by pressure. Duli frontal headache, with dull pain in the hypogastrium and small of the back.

Profuse lachrymation of the eyes, which smart and burn. The secretion from the mucous membranes is increased, and *thick, yellow, ropy, tenacious, mucous discharges* are characteristic of this drug.

Thick mucous discharges from both the eyes and ears. (*Calc.*, *Lyc.*, *Merc.*, *Phos.*, *Puls.*, *Sulph.*)

Tickling, like a hair in the right nostril (left nostril, *Kali bich.*), (sneezing with frequent tickling and crawling in the nose, left nostril, *Carbo veg.*). The air feels cold in the nose. Continued flow of watery coryza; disappears in warm room; much aggravated in the open air. Thick, yellow, tenacious mucus from nose, more from posterior nares. Nosebleed, left nostril. (Right nostril *Kali bich.*, *Kali chlor.*) with burning



rawness, followed by itching. Coryza watery and excoriating, acrid (Ars., Lyc., Merc.), burning in the nose, *more the right nostril*. (Arum tri. has a corrosive excoriating, yellow discharge from nose, making the upper lip sore, *worse left nostril*.)

The tongue is coated white, or has a yellow stripe down the centre; swollen, and, like Merc., shows the imprints of the teeth. Tongue feels burned or scalded; vesicles form on the tip (Kali iod., Lyc., Nitr.); peppery taste in the mouth. If there be any secretion from the mouth and throat it will be the thick, tenacious mucus. Mercury and Chlorate of Potash are antidoted by this remedy, and after their abuse in stomatitis and ulcers of the throat, in nursing women or weakly children, give this drug.

#### Scraping in the larynx.

In indigestion with loss of appetite, due to an atonic state of the stomach, study this remedy. When Lyc. seems to be indicated and does not give relief, this remedy will often give excellent results. Sour fluid eructations; *faintness at the stomach; great sense of sinking and goneness at the epigastrium, with violent and continued palpitation of the heart*. (Act. rac., Ars., Bapt., Phos., Sang., Murex, have this feeling of goneness in the stomach), (Sulph. has empty, gone, or faint feeling at eleven A. M., cannot wait for her dinner). Hydrastis has this difference, the goneness is accompanied with palpitation of the heart; goneness at eleven A. M. (Asafœt., Natrum carb.); acute, distressing, cutting pains in the stomach. In cancer of the stomach, when the patient vomits all she eats except milk and water, with emaciation and goneness; stomach actually sunken, weak, faint; bread and vegetables cause acidity; burning region of navel, with *goneness*. (Coloc., Petrol., Phos., Sars., Sepia, Stram., have a feeling of emptiness or goneness in abdomen); loud rumbling, with dull aching in the hypogastrium and small of back, worse moving. Cutting pains in the abdomen, with heat faintness, better after passing flatus; foetid flatus; constant sensation in both groins as if he had strained himself from taking a very long step; it is aggravated by touch, the clothes are uncomfortable; cutting pains extending from hypogastrium into testicles, with a dull, dragging pain in the groins; faintness after stool.

Stool is light-colored, soft, and acrid, sometimes greenish; torpor of the liver, with scanty, lumpy stools, covered with mucus; exhaustion from a light hemorrhoidal flow. In catarrh of bladder we have again the thick, ropy mucous sediment in the urine; urine smells decomposed, is increased and of neutral reaction. Gonorrhœa, second stage, with the characteristic thick,

yellow discharge; debility; ulceration of the cervix and vagina; leucorrhœa is yellow, thick, tenacious, and ropy. Pruritus vulvæ, with the characteristic leucorrhœa. Uterine diseases, with sympathetic affections of the digestive organs; rawness, soreness, and burning in the chest; bronchitis of old, exhausted people; thick, yellow, tenacious, stringy sputa. In phthisis, to relieve the goneness in stomach, emaciation, loss of appetite; dry, harsh cough from tickling in larynx; violent and long-continued palpitation of the heart in the morning.

Muscles are greatly weakened; atony. Great soreness and harshness of the muscles of the neck.

Painful, tired feeling across small of back, waist, and lower limbs. Pain in left side of neck to shoulder, relieved by laying the hand on it.

Sore pain in small of back and region of kidneys. Pain as if tired in all the limbs; tired and ache with coryza. Shifting pains in right arm and leg, then left leg; stinging rheumatic pains in the elbows, forearms, and knees; knee ache. Sharp pain from right hip joint to knee, making it impossible to stand or bear one's weight. While walking, *severe pain* in outer part of left knee, causing limping; at the same time, pressure in left shoulder. Aching in outer part of left knee while sitting, worse when walking. Aching in sole of left foot; no relief from change of position. Sulph. antidotes the sciatic pains.

Sleep. Awakened by backache, and dull pains in navel and hypogastric region. Troublesome, worrying dreams. Difficulty in awaking.

Chill morning or evening: Chilliness, especially in the back or thighs, with aching; pulse slow. Heat in flushes. Great heat of the whole body. Constant dull burning pains all the evening. Fœtid perspiration of the scrotum. Erysipelatoid rash on the face, neck, palms, joints of fingers, and wrist, with maddening, burning heat; later, skin exfoliates; pains worse at night. Itching tingling of the eruption in variola; face swollen; throat raw; pustules dark; great prostration. The eclectic school prescribe this drug in debilitated conditions, and it is to them what Quinine is to the allopath. In cancer, where there is great debility, cutting pains like knives, and the cancer is hard, adherent, skin mottled and puckered. In great debility, following gastric, bilious, and typhoid forms of fever, it will be found useful.

## THE PROCEEDINGS OF THE ORGANON SOCIETY OF BOSTON.

MARCH 9TH, 1888.

Dr. Wesselhœft being absent Dr. Winn continued the reading from Stratton's edition of the unintentional errors made by allopathic physicians.

Dr. Bell—Cures are certainly made by allopathic physicians. In such cases the large doses which they give act homœopathically.

It is interesting to note that the prominent symptoms of many of our important drugs were observed by prominent physicians long before Hahnemann's time. In these cases which Dr. Winn is reading you will notice how he pits one man against the other. One has seen a remedy *cause* certain symptoms and has noted them; the other has seen this remedy *cure* these same symptoms, but evidently without knowing it could cause them.

Dr. Winn—An allopathic physician of Watertown was called to a case of dysentery in a child; he treated it with drop doses of Ipecac., and the patient speedily recovered.

Dr. Bell—In regard to what is said about drinking some heating fluid after exposure in the sun, I once had a personal experience of that sort. Nine years ago Dr. Wesselhœft and I were walking in the Alps. One day we started to walk twelve miles in the burning sun. When we reached the hotel at the end of the journey I was completely exhausted, and very much heated. So I ordered a glass of hot water, into which I put about a tablespoonful of wine, and within half an hour after taking this I was much relieved.

Dr. Bell—In regard to heat for burns, I made a simple experiment some time ago. I put mustard paste on one finger until it smarted, then I applied Capsicum tincture, which relieved at once.

The introduction being finished, remarks were made upon its truth at the present day, and how well it would suit as a "review of physic," even now, seventy years after it was written.

Dr. Bell—We have now come to the real object of these meetings, the study of the *Organon*, and before beginning this wonderful work, we should understand what sacrifices Hahnemann made for the truth, and what a lover of the truth he was.

He then read selections from the first volume of the *Chronic*



*Diseases*, and also from Dunham's address to the New York Homœopathic Society. He then read the first section of the *Organon*.

Dr. Bell—I think there are two classes of physicians: those who say their mission is to heal the sick, and those who say their duty is to relieve their patient. Now Hahnemann says that the physician's *only* calling is to restore health to the sick.

Dr. Scales—I recall a case of bilious colic which was not immediately relieved by the remedies given, and the next day the patient wanted Morphine. He had had several attacks of the same kind, and all had been relieved by hypodermics, but he was always a long time in getting about again. I explained to him that it might take a little longer to relieve him homœopathically because he had been treated by Morphine before, but that, if he would be patient, when the relief did come it would be permanent, and there would be no bad after effects. He gradually improved, and was about so much sooner and felt generally so much better than ever before after such an attack, that he was perfectly satisfied he had been treated in the right manner.

Dr. Bell then read extracts from Hahnemann's essay on palliation in his *Medicine of Experience*.

Dr. Bell—In regard to section 3, we should tell patients what we expect to cure in them. Some come to us feeling weak, with lack of vigor, chilly, etc. We should tell them how much stronger they can be made, but should not give them the impression that they can be made as robust as anybody.

I think there are some neurotic patients, especially those who have been allopathically drugged, whom we cannot expect to completely cure.

In regard to their symptoms being imaginary, I do not much believe in patients imagining symptoms. A man may think he has a glass leg; that symptom is real to him, and he does not manufacture it. I do not think that nervous patients as a general thing tell us symptoms unless they have them to some extent at least.

Dr. Kennedy—Does not Hahnemann, in speaking of the "recognition of disease," mean to imply that disease is curable?

Dr. Scales—I think he does, excepting old age and the last sickness.

Dr. Bell—In regard to the giving of Morphine or any other palliative in order to keep the case, I wish to say that there is a third class of physicians, those who will do anything for money.

No physician will ever gain anything by giving palliatives to keep his case. If he does not palliate he may lose his patient, but he will always keep the respect of his neighbors as a man who lives up to his principles, and patients who leave him for Morphine often return to be *cured*, a thing the Morphine cannot do.

Several cases of renal colic were related where the patients had been perfectly relieved by the indicated remedy.

Dr. Kennedy—In a recent number of the *Gazette*, in an article on renal colic, the author states that the amount of pain depends upon the nervous condition of the patient, and not on the size of the stone.

A small, smooth stone will often cause much more pain than a large, rough one. Now, the homœopathic remedy relieves the nervous condition of the patient and in that way relieves the pain, and is not this the way in which patients are relieved by the remedy?

Dr. Davis—I had a case once of a man who had had several attacks of severe renal colic. He put himself under my treatment for his general health. While under my care he had one painful attack of renal colic which was relieved by the indicated remedy. Some months after he had a painless attack, in which he passed a stone without pain.

Dr. Bell—This case of Dr. Davis' shows that patients can pass stones without pain. I think the pain depends upon the nervous condition of the patient, which can be relieved.

Dr. Calderwood—Morphine does not always relieve the pain in these cases of renal colic. I remember a case in my younger days when I gave Morphine at such times. The friends of the patient told him he should have an allopath called in who would give him Morphine and relieve him. He was getting Morphine all the time, as much as I dared to give him, but still he was not relieved.

Dr. Bell—I remember a case with all the symptoms of renal colic which came on after the application of a Belladonna plaster to the back. No stone was ever passed, and probably the plaster brought on the attack.

Adjourned to March 23d.

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#### REGULAR MEETING, MARCH 23D, 1888.

Dr. Bell began at the first section of the *Organon*.

Dr. Wesselhoef—I remember, when a student at the Harvard Medical School, that Dr. Clarke came in one day and said,

"Johnson, what is the first duty of the physician?" "To heal his patient," said Johnson. "No, sir!" said Clarke. Next!" "To make his diagnosis," said the next fellow. "Right," said Clarke; "the first duty is to make your diagnosis; without that you can do nothing."

It reminds me of what I saw in Vienna some time since. One of the surgeons was terribly exercised because "poor Schmitt," a patient, had been running about three weeks without a diagnosis. A terrible state of affairs!

Dr. Bell—I would like to ask Dr. Wesselhœft what he understands by the first two paragraphs?

Dr. Wesselhœft—I think it is very plainly expressed that the only duty of the physician is to heal the sick, and when he cannot cure to palliate homœopathically, always and constantly. The opposite to this is that the highest and only calling of the physician is to relieve pain.

Dr. Thompkins—I think there is a class between: those who will cure if they can, but will palliate to keep their patients.

Dr. Wesselhœft—No physician has ever lost in self-respect or in the respect of the community by honestly saying, "I cannot do those things that I know to be wrong. I can relieve that pain, but my duty is to relieve the patient."

Pain is nothing but a symptom. There may be conditions when a physician ceases to be a healer; for instance, if a man falls to the ground from a four or five story building and is all smashed to pieces; you see that he is dying, that nothing can be done toward healing him. I think under such circumstances that I would clap an ether sponge over his mouth.

Dr. Hastings—I think it is harder to take a family who have been used to mongrel homœopathic treatment than one which has been wholly allopathic.

Dr. Bell—I had a family come to me some years since which had been accustomed to very poor homœopathic treatment. By gradually correcting a thing here and there, and by giving my reasons for not doing certain things to which they had been accustomed, I soon brought them to see that there was a vast difference between true and false Homœopathy, and now they are perfect homœopathists.

Dr. Wesselhœft—I can tell the young doctor never to be alarmed if patients leave them because he is honest, but if he keeps them by being dishonest it will always react on him sometime. In the eyes of the allopaths, who are the respected men? Certainly not those who use means contrary to every truth of Homœopathy. Very few logical men of the old school look for



that Utopia in medicine, the union of the two schools that we hear so much about. It can never take place.

The principles of Homœopathy must be upheld, and people must be told that mongrel Homœopathy is not Homœopathy.

Dr. Bell—I tell my patients that I may fail, but that it is my fault, not that of Homœopathy.

Most of the members present had lost patients by not using palliatives, but thought that they had lost nothing by it. Many of the patients had returned, feeling they could trust a man who had principles and stood by them.

The best palliative was considered to be the single remedy homœopathically applied, even in incurable cases, and this was substantiated by numerous cases.

Adjourned to April 5th.

S. A. KIMBALL, *Secretary*.

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## HAHNEMANN CLUB OF TORONTO.

Regular meeting of the Hahnemann Club opened at half-past eight P. M. The papers on convulsions were read as follows: Dr. Hall read a letter from William Young, Esq., in the *Homœopathic World*, of Oct. '87, page 472, concerning a one thousand pound reward offered by The Grocers' Company for "a method by which the vaccine contagium may be cultivated apart from the animal body in some medium or media not otherwise zymotic, etc." Mr. Young contends that the question is not an open one but is already solved by an "artificial vaccine lymph" (?), tartarized antimony in glycerine, glycerine and water, or other suitable medium. The point I wish to take exception to is vaccination with lymph from pustules produced by tartarized antimony on the ground that "such vaccination is perfectly harmless." There is not the slightest ground, to my mind, for assuming that tartarized antimony can operate in and through the animal economy to produce lymph and pustules without such lymph being influenced injuriously by the morbid conditions of the animal just as much as vaccine lymph; to be freed from such influences and harmless in propagating disease tartarized antimony in solution should be used immediately, not mediately. Lack of space prevents me entering more fully on this subject at this present time. Post-partum hemorrhage will occupy our attention at our next meeting, remedies assigned in groups as follows: Acon., Caul., Erigeron, Dr. Evans; Arg-nit., Kreos., Carbo veg., Dr. Hall; Cham., Nitr-ac., Apis, Dr. Tyrrell; Ar-

nica, Apocyn., Bry., Dr. Emory; Plat., Sulf-ac., Stram., Dr. Eadie, and Ham., Hyosc., Helonias, Dr. Adams.

J. D. TYRRELL, *Secretary-Treasurer*.

Dr. John Hall, Sr., said: "In virtue of the position which my colleagues have kindly placed me in, I may be allowed a few words on our Club, and, having practiced in Toronto now some thirty-one years without such a concentration of true men to consult with, and when my cases were often met by ridicule, even from those who called themselves the followers of Hahnemann, I may say that this Club—formed as it is of those only who are sincere in their professions—promises the greatest possible good to our cause, for it is well known by our brethren of the old school of medicine that not a few who sail under our flag calling themselves homœopaths do not hesitate every now and then to fall back on various expedients for the so-called cure of disease or relief from pain which we do not acknowledge any more than those who do such things, and this being known as also by not a few of the intelligent laity, it becomes us to keep our practice pure, conforming in everything to those principles which we have espoused, that all men may see that there is a wide difference between those who practice Homœopathy and those who merely ride the homœopathic horse into position, ever using that abominable and often answered argument that it is lawful to do *anything* which may benefit our patient, an argument based on ignorance and conceived in prejudice, assuming that the true homœopath does not care as much for his patient's recovery as others.

"There is already a strong movement in England in favor of a *partial truth* in our theory, that the principle, 'similia similibus curantur'—likes are best treated by likes—is acknowledged by eminent medical men as containing a *grain of truth*, carefully ignoring, however, that Hahnemann elucidated this truth and showed its *universal application*. Passing by him altogether to the old Greek Hippocrates, who first originated the doctrine and which Hahnemann was the earliest to show, these great men have at last discovered that Hippocrates was right, beginning to acknowledge that what he very patiently taught as true is correct. But the great principle of its universal application in the treatment of ALL non-surgical diseases, a doctrine which *Hahnemann alone enunciated* and for which all who know him will forever bless his name, is carefully ignored, even as though it had never existed. Our duty then is to be very thankful for small favors. I wait for more, which will surely come if the

members of this Club are true to their principles. I may therefore ask my colleagues that our union may always be our *first* consideration, setting aside all *personal differences* which will arise in its favor, that the Hahnemann Club of Toronto may not only increase in its membership, but spread its benign influence all over this Dominion and to those countries who read our papers."

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### BELLADONNA.

When Hahnemann was compelled by the persecutions he endured to leave Leipsic, poverty in the meantime staring him in the face, he found an occupation for his skill in the employment of one of the German princes, and while there, being only partially engaged and never idle, he employed his great mind on the *causes of chronic diseases*, that is, why do men suffer from those diseases which are often brought with them into the world and over which the most rigid regimen, though keeping them in subjection, fails to make a cure or a total eradication? We may thank God, the secret disposer of all events, that Hahnemann was thus driven out and so occupied, otherwise we might never have had his *Chronic Diseases*, from which we see, as wisely said by our poet:

"There is a divinity which shapes our ends  
Rough hew them as we will."

The subject which has fallen to my lot to write upon is one which of all others shows the presence of a dyscrasia, often inherited and sometimes caused or brought into activity by bad habits. The object of the physician is to detect this morbid condition, and when he can do that, and prescribe for the totality of the symptoms, agreeably to our rule, that "*Likes are only cured by likes*," he will surely succeed in all those cases where a return to life and health are possible. To aid in this work is the object of this paper. *First*, then, let me observe that *Belladonna* is suitable mainly in those diseases which *come on suddenly* and *as quickly depart*, and though convulsion may not always come with this list, still where we have no *preceding* illness, that fact alone will bring the remedy prominently before us.

2. This medicine is almost always a *chilly one*, the patient being *very subject to draughts of air* and liable easily to take cold from them or *having the hair cut*, also *after riding in a cold wind* (*Aconite*), the *tonsils swell*, *preventing deglutition*.

3. Another symptom we do well to notice, the pains are



*almost always in short attacks, from which we may infer that even the convulsions will not generally last long.*

4. *Eclampsia*, by which is meant those convulsions characterized by a flash of light before the fit, whether such be in children or adults, *especially children*. Head usually hot, *twitchings*, more in the arms and face, difficult articulation, *throws the head back*, rolling of the head. *Becomes unconscious when working in the hot sun* (Glonoine); jaws fixed, head hot, feet cold, *spasm one side and paralysis of the other*.

*Tetanus and trismus, epileptic convulsions followed by apoplexy or not, convulsions commence in the arm, spasmodic motions of the body, generally backward; constant change from emprostotonus to opisthotonus; bodily inquietude, with spasm repeated, turning the body to and fro, especially the hands and feet.*

*Hysteria* in which *headache* or heat of the head predominates, worse when awaking out of sleep, also of the flexor muscles.

JOHN HALL, SR., M. D.

### CICUTA VIROSA.

In confining ourselves to the consideration of the indications for various remedies in emergency cases of convulsions, it would be unwise to cite all the symptoms produced by this drug, which might have a bearing on any form of convulsions, for they would make a volume so large that it would tax the best memory to remember them. I shall, therefore, confine myself in these remarks to the most salient features contained in the pathogenesis of this almost peerless remedy in its anti-spasmodic capacity.

In general *Cicuta* acts particularly upon the nervous system; *is a cerebro-spinal irritant, producing tetanus, epileptic and epileptiform convulsions, trismus, and local and general tonic and clonic spasms.*

The face may be deathly pale, drawn, cold, and expressionless, or the countenance may be hideous, with rolling eyes and piercing cries, or the face may be red or bluish, puffed up. The pallor and cold face may be preceded by flushed face and restless sleep, with headache.

Convulsions of facial muscles; distortions either horrible or ridiculous.

Eyes staring, fixed, and glassy, or upturned eyes.

Pupils contracted in spasmodic affections or contract and dilate alternately, at intervals. Trembling or twitching of eyelids.

Strabismus convergens of children is spasmodic in character or caused by convulsions.

Lockjaw, with teeth pressing firmly against one another.

Grinding of teeth, with pressing of jaws together like lockjaw.

No control over movements of mouth or tongue, preventing speaking.

Swelling of tongue, bites his tongue.

Foam in and at the mouth, unquenchable thirst, drinks swallowed with difficulty. Sudden shock deep in pit of stomach causes opisthotonus.

She feels a blow deep in the epigastrium, which passes like lightning up the back and causes her to throw herself backward in the midst of most tormenting pains.

#### GENERAL TONIC SPASMS DURING CATAMENIA.

Spasms during parturition; convulsions continue after delivery, very violent and exhausting; frequent interruptions of breathing; after respiration has been restored patient remains weak and insensible, as if dead. Puerperal spasms, with trembling of limbs. Jerks as from electric shocks, borborygmus, want of breath, opisthotonus, cold, pale face, half closed eyes, with blue margins.

Great dyspnoea arising from tonic spasms of pectoral muscles.

Pulse weak, slow, or rapid, at times imperceptible.

Violent tonic spasms of pectoral muscles. The muscles of neck contract and become hard as wood.

Spasmodic drawing of the head backward.

Tetanic stiffness of back.

Spasmodic jerkings of arms and upper part of body following injury to knee by splinter.

Jerking in arms, left arm all day.

Tonic spasms of arms, fingers clenched, thumbs turned inward.

Spasmodic contortions and fearful jerkings of all the limbs, with violent convulsions.

State of insensibility and immobility, with loss of strength and consciousness.

Catalepsy, limbs hang down, and patient appears lifeless.

Dysphagia; no muscular flinching when trunk or lower extremities were pricked with a pin, perfect paralysis, not moving or winking for several days. Cerebro-spinal meningitis.

Sudden rigidity, with jerks, afterward great relaxation and weakness.

Strange contortions of upper part of body and limbs during paroxysms, with blue face and frequent interruptions of breathing for a few moments.

Child suddenly grasped knee with his hands and screamed fearfully; immediately afterward was seized with convulsions and insensibility, head being permanently retracted.

Convulsions with frightful contortions and distortions of limbs and body, loss of consciousness, high fever, vomiting, dilated pupils, double vision, ashy paleness, one diarrhœic stool, then constipation.

Convulsions with limbs relaxed and hanging down or unnaturally stiffened and extended. Epilepsy, with violent contortions of limbs and upper part of body and head, bluish face, interrupted respiration, and frothing at the mouth.

Epileptic attacks, with swelling of stomach, as from violent spasms of diaphragm; hiccough, screaming; redness of face; trismus; loss of consciousness and distortions of limbs.

*Violent tonic spasms of any or all the muscles, each muscle being perfectly rigid, so that neither the curved limbs can be straightened out nor the straight ones curved. Tonic spasms renewed from slightest touch, from opening of door, or loud talking.*

Attacks come on twice a day, and she seems dying in them. Periodic ecstasy. Child lies on back, not being able to turn, legs alternately contracted and extended.

After convulsions child is unconscious and nearly lifeless.

She thinks she sees coming toward her a huge drunken man, who lies down beside her; she begs him to retire, falls into convulsions, and turns over on her abdomen.

He thinks himself a young child again, confounds the present with the past, everything seems strange, as in a strange place, with fear.

W. J. HUNTER EMORY, M. D.

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### CINA.

From a drug causing such a marked and continuous irritation of the system in general and nervous system in particular, we would naturally expect that CINA would be frequently called for in the treatment of convulsions and spasmodic affections generally.

Neither will such expectations be disappointed, though more commonly useful in children or the weak and debilitated—in short, the anæmic—in cases where a primary irritation produces a reflex nervous or sympathetic influence upon the great nerve



centres. Take as examples of my meaning the spasmodic diseases of children affected with worms, or infants suffering from a pathological teething process.

In fact, the pathogenesis of this drug is full of irritation, mentally or physically, sleeping or waking; all the symptoms and conditions the drug is capable of causing and, therefore, of curing, when caused by other means, are indicative of disquiet and unrest.

Naturally, then, we shall find when *Cina* is indicated that the patient is of a *whining, fretful* nature, *irritable in himself*, and irritating to all around. Complaining, restless asleep or awake, requiring constant attention, yet objecting to any one *touching, speaking to, or coming near* him. This being the mental state, you can readily see that convulsive or spasmodic conditions are not distant.

Briefly, I will try to collate the prominent and characteristic symptoms, which, when hurriedly called to a patient suffering from convulsions, would lead us prescribe *Cina* as the simillimum.

A weak, hollow, empty feeling in the head—in general a stupefying, dull, drawing pain in the head.

Headache *before and after* epileptic attacks.

Headache and general aggravation from *steadily gazing at one object*, as in sewing.

Intermitting pressure, as from a heavy weight, as if the brain was pressed down from middle of vertex.

The face presents a pale, sickly appearance, is cold or red, or *one cheek red, the other pale*. [Compare *Cham.*, in which the *left cheek is red, the right pale*.] In short, the face as a rule expresses intense misery.

In the eyes the pupils commonly dilated; eyeballs convulsively turned upward, showing only the whites, or fixed and staring, with dilated pupils; eyes staring, or a drooping and heaviness of the lids; optical illusions in bright colors—*strabismus*.

*Boring in, picking at, or rubbing of the nose*.

Strabismus caused by the irritation of worms.

*Cylindrical contraction of the tongue, which is spasmodically forced through the lips*.

Choreic movements extend to tongue, œsophagus, and larynx, causing a clucking noise from throat to stomach.

*Frequent motion in throat as though swallowing something*; specially noticeable after a spell of coughing (hacking).

Frequent hiccough, also *during sleep*.

Dry, spasmodic cough, with rigidity of the body and unconsciousness. *Before coughing child rises suddenly, looks wildly*

*around, the whole body becomes stiff, she loses consciousness, just as though she would have an epileptic attack, then follows the cough.*

*Oversensitiveness of the body to touch.*

Spasmodic yawning, pains removed by yawning, which cannot be suppressed.

*Twitching, jerking, and distortion of the limbs.*

General rigor of the body, with loss of consciousness. Spasms of children, with throwing the arms from side to side. *Convulsive attacks at night.*

Convulsions of extensor muscles; *sudden stiffness, backward;* a clucking noise, as though water was poured from a bottle, from throat to abdomen.

Epileptic attacks, *specially at night.* Epileptiform convulsions, with consciousness.

Eclampsia, *specially at night,* with or without loss of consciousness; lying on the back; violent screams and violent jerks of hands and feet.

*Chorea from intestinal irritation. Sudden distressing cries in sleep; grinding teeth during sleep; awakes from sleep with trembling and marked signs of fear, with screams and cannot be pacified.* Child will not sleep unless rocked or kept in constant motion. *Child hangs its head to one side,* is drowsy. Verminal spasms in children are preceded by a chill, are accompanied by high fever; heat mostly in head and face; pain in stomach and abdomen; *pupils dilated; restlessness, with grinding of the teeth; sudden starts; abdomen bloated.*

The left leg is flexed both on itself and on the abdomen.

In attacks *with loss of consciousness,* we find *frothing from the mouth.*

Reflex spasms in the dominion of the nervus vagus. *Milky urine.*

*Ravenous hunger,* even after severe vomiting, wants to eat again.

Aggravation from *external pressure; at night; on looking at an object steadily.* Also from exposure to the open air; from cold air; from cold water; generally *from cold.* EDWARD ADAMS.

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## CHAMOMILLA IN PUERPERAL AND OTHER CONVULSIONS.

The cases calling for the use of this drug are those in which the patient either cannot or will not exercise proper control over the functions of the mind or body. Owing to a similar want

of equilibrium, the system generally is affected to an immoderate extent by local irritation of various parts, and there is a decided lack of balance in the effect on the two sides of the body, the left side generally suffering more than the right.

It is indicated in convulsions caused by giving way to a fit of passion, as well as in those occurrences during difficult dentition, where the gums are red and tender.

The attacks are violent ; the child screams immoderately ; stiffens and bends backward ; kicks and moves the legs up and down ; grasps and reaches with the hands, and draws the corners of the mouth alternately to one side and the other, while twitchings of the eyelids and grimaces of the face in general help to make complete the picture of a naughty, naughty child who does not even so much as desire to be good, but, perhaps, with one-sided flush of face, screams for things which it does not want, and utterly refuses to come to terms except on the condition, severe enough on the wearied nurse, of being carried up and down the room.

It would seem from the above sketch to be especially suitable to children, or to those who, though grown to years of discretion, yet retain some of the less attractive traits of childhood.

L. HAMILTON EVANS, M. D.

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### ACONITE.

Aconite produces a condition of oversensitiveness of the body to external impressions, and a painful sensitiveness of the body to contact ; cannot bear light or noise ; will not be touched ; this is a condition related to that found in convulsions, due to reflex excitability, such as those induced by the presence of foreign bodies in the canals, to indigestion, or to constipation.

The Aconite state is marked by inconsolable anxiety, loud complaining, restless, agonized tossing about ; believes death near, and is afraid of it. Aconite should be thought of in convulsions of children, due to anger or paroxysms of rage, and to fright, also in teething, with heat, startings, and twitching of single muscles ; child gnaws its fists, frets, and cries.

Aconite has retention and suppression of urine, and will be found of service in acute uræmic convulsions, when characterized by the peculiar Aconite morale, possibly in the puerperal forms and the acute inflammatory varieties. Where at this late date rational medicine hesitates not to prescribe venesection. In



convulsions of children with retention of urine, especially when accompanied by restlessness and fear, with tossing about.

In summer diarrhœa with convulsions, Aconite will often be of service. Stool like chopped herbs; with violent pains in the bowels; from getting wet or occurring during hot days and cold nights. Aconite attacks are likely to occur at night and after exposure to dry, cold winds. It is often indicated in convulsive or spasmodic affections of the respiratory organs; in croup, awaking in first sleep; child in agony; impatient, tossing about; grasps its throat every time it coughs in great distress and fear.

In children pneumonia of the apex of the lung is often attended with convulsions at the outset, in which Aconite may be called for. Hahnemann says, "Every time when Aconite is chosen as a homœopathic remedy, it is especially necessary to regard the moral symptoms, and be careful that they resemble those that belong to it."

So universally are the mental symptoms present in cases requiring Aconite, that it may be safely rejected in cases marked by a quiet morale.

A. B. EADIE.

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### STRAMONIUM.

Having, in common with others, taken upon ourselves the honorable name of Homœopathy, we thereby proclaim to the public our convictions of the existence and truth of the natural law of cure, "*Similia similibus curantur.*" We, therefore, stand pledged to suffering humanity to maintain an unswerving allegiance to our mistress, to keep ourselves pure and undefiled, and to faithfully practice the principles we profess. Failing in this, we stand before the world in the lamentable position of self-convicted hypocrisy.

If we deviate from the path of homœopathic rectitude and pursue that *ignus fatuus*, "broad-minded liberality," we shall soon find ourselves sinking in the swamp of mongrelism, our robes covered with its muck and mire, and ourselves an abhorrence alike to friend and foe.

While it is *not* in our power to command the *love* of the dominant school, we can so live and practice as to compel all men to respect us. Speaking of Homœopathy, an eminent allopath of New York once said: "I can respect those of your profession who adhere in their practice to the doctrines you teach, but for the mongrels among you, and they are many, who always use

crude drugs, and in difficult cases resort to our remedies, I can only regard them as bad men, and must hold them in utter contempt." Let us put on the whole armor and quit ourselves like men, and if, through ignorance or weakness, we stumble in the way, or even fall to earth, let us, like Antæus, gather fresh strength for the conflict.

Trusting you will pardon this brief exordium, I now address myself to the remedy assigned me and the subject in hand—Stramonium in convulsions. This remedy is so rich in symptoms pertaining to convulsive seizures, that one cannot, in a short paper, do it justice, and my *own weakness* is a bar sinister in *any* paper. It is eminently adapted to convulsions, epileptic fits, chorea, catalepsy, and other spasmodic affections, especially from fright, and inhaling vapor of Mercury; convulsive movements or jerks, especially when touched, or from fixing eyes on brilliant objects, such as a light, mirror, or water, or else coming on periodically; contraction and slow extension of the limbs; tetanus, opisthotonus; attacks of cramp; convulsive jerking of limbs, with weeping.

Hysterical convulsions; rigid, nervous chills; frothing at mouth; faces appear elongated; on first seeing any one, she shrinks back with fear; tries to escape. Convulsions as in epilepsy, but without loss of consciousness; from fright; attacks sudden, with screams, afterward drowsy but cannot sleep; attacks are periodical, and there are premonitory symptoms. Tonic spasms, as catalepsy, limbs can be moved by others; stiffness of body, with loss of consciousness, preceded by headache, with vertigo.

In apoplectic seizures we will find this a valuable remedy; paroxysms of syncope, with stertorous respirations; deep sleep, with snoring and a bloody froth at mouth; dark brown face; he lies on back with open, staring eyes; fetches breath with great difficulty. *Paralysis*, also after *apoplexy*, spasmodic drawing of head to either side; with screaming, with convulsive movements of arms above head, especially in eclampsia.

Convulsions of head and arms, with hiccough; moves head to and fro, this movement is only interrupted by the hiccough. Hydrophobia; water, mirror, or any bright object excites convulsions; restless, violent, violent convulsions; screams, bites; mouth dry; delirious, without memory or consciousness; pupils extremely dilated; violent desire to bite and tear everything with his teeth; eyes wide open, staring, brilliant; wild and red. Alternation of convulsions and rage; spasms so violent he could scarcely be held, as spasms abate became furious and beat and

bit those who held him (*cf.* Hyosc., Bell., Canth., and Lyssin). Vehement thirst, mostly with aversion to water and all fluids, shrinks from the proffered cup; even sight of water causes spasms; constriction of throat, froth, spitting; there may be violent thirst for large quantities, drinking with great avidity.

Chorea from fright; creeping in limbs, then violent movements generally crosswise; rotates arms over head; tonic and clonic spasms alternate; body very hot; continually changes character. *Mania-à-potu* (Ars.) with clonic spasms (Hyosc.), with consciousness and desire for light and company. Among the general characteristics of this drug are: Convulsions and delirium can be specially excited by contact; spasmodic symptoms of face alternate with paralytic; lock-jaw after convulsions; jerking of head clear from pillow and lets it fall again, this is continually repeated; skin of forehead wrinkled; eyes staring, glistening, and protruding; face pale, or bright red; the whole face looks wild and frightful. Dryness of mouth and throat causes dysphagia; spasmodic constriction of the pharynx. Paralysis of one, convulsions of the other side (*cf.* Artem. vulg.); arms agitated, lower limbs quiet. Cannot walk in *dark* or with *eyes shut*, will surely fall. General aggravations: After sleep (in A. M.); in solitude and in the dark (especially mental states); from touch, fright, and looking at water and glistening objects (convulsions).

Amelioration: In company and from bright light (mental symptoms); likes a well-illuminated room, though he *cannot* bear to look at the light.

J. D. TYRRELL.

## THE SYRACUSE HAHNEMANNIAN CLUB.

As stated in the last issue of *THE HOMŒOPATHIC PHYSICIAN*, the "Syracuse Hahnemannian Club" was organized February 24th, 1888, for the purpose of disseminating a "more perfect knowledge of pure Homœopathy as taught by Hahnemann, of the *Organon*, *Materia Medica*, and *Symptomatology*" among its members.

The call for the meeting was signed by the following physicians: E. J. Robinson, Frederick Hooker, R. S. True, J. Willis Candee, A. B. King, Wm. A. Hawley, C. Schumacher, A. J. Brewster, J. W. Sheldon, E. O. Kinne, G. N. Macomber, S. Seward, E. N. Flint, H. D. Emens, F. B. Putnam, John Nottingham.



Dr. S. Seward was elected President, and Dr. Frederick Hooker, Secretary.

It was decided to study the *Organon*, paragraph by paragraph, and to devote as much time as possible to *Materia Medica*, seeking to bring out those practical points in relation to any drug under consideration which had been verified.

At the second meeting, held March 2d, Section 1 of the *Organon* was first discussed, and it was decided that it did not admit of the use of palliatives.

Dr. Brewster remarked that palliative was simply a "covering up" of the symptoms.

The remainder of the evening was devoted to the discussion of Dr. True's paper on Sepia, by Drs. Hawley, Brewster, Seward, Robinson, A. B. Kinne, and Hooker.

Dr. Hawley said he considered itching, aggravated by scratching, as characteristic of Sepia, and that when he has found a case of leucorrhœa with white discharge, staining linen yellow, accompanied by itching of the vulva increased to an intolerable degree by scratching, he has given Sepia with curative effect. Never give Sepia when there is amelioration from scratching.

Dr. Brewster said that the head symptoms are aggravated by motion; ameliorated by continued violent motion.

Dr. Seward said that itching in the bends of the knees, elbows, and on the hands is characteristic of Sepia.

Dr. Kinne said that quarrelsomeness of the Sepia patient differentiated, in the mental sphere, that drug from Pulsatilla.

At the third meeting, held March 9th, Dr. A. J. Brewster gave a clinical talk on Arsenicum.

After giving several clinical cases, in which Ars. in the crude form had produced provings, he gave it as his opinion that remittent fever where the febrile movement increases from noon to midnight and then passes off without sweat, but with great anguish, prostration, and distress, calls for Ars.

Always uses 10M (F.) and sometimes repeats as often as once in twenty-four hours.

Case—A woman eighty years of age, said to have cancer of the tongue, with restlessness, thirst, pain to ear, to temple, better on sitting up, angry swelling of sublingual gland. Ars.<sup>10m</sup> cured.

Case—Farmer, aged fifty, could not walk, dragged his feet, could not move without exhaustion; distressed look. Ars.<sup>10m</sup> cured promptly.

Case—Woman, aged thirty, scalp red as beef; fine, white,

scaly eruption, gradually spread so that head and face looked like a piece of raw beef; burning, stinging pain. Ars.<sup>6x</sup> aggr., Ars.<sup>10m</sup> cured promptly.

Dr. Hawley said he had many times verified this symptom, given by Dr. Gregg, cough with stitching pain at upper part of right lung.

Had one case in which this symptom was present, patient would press hand to spot; confined to bed. Ars.<sup>40m</sup> (F.) cured at once. Verified again on this patient and on many others.

Dr. Seward said he had almost always repeated.

Case—Child with post-scarlittinal dropsy. Could not hold head up; could not have feet high or she could not breathe; legs had burst; urine two or three tablespoonfuls in twenty-four hours. Ars.<sup>18, 12, 6, 3m</sup>, relief; Ars.<sup>∞</sup>, went to sleep in thirty minutes, and during the next twenty-four hours passed from four pints to six pints of urine.

Dr. Hooker said he had a patient who complained of gnawing pain in stomach, symptoms seemed to call for Sulph., then for Nux, but neither of these relieved; there was great pallor. Ars.<sup>3x</sup> relieved, and on its return Ars.<sup>∞</sup> removed it almost instantly.

Gave Ars.<sup>∞</sup> for same symptoms in a patient who was improving under Sepia with instant relief.

Dr. Schumacher said he had a case of rheumatism in left lower limb, pain from hip down, aggravated by motion. Bry. and Rhus gave no relief. He then complained of a burning pain in the limb, aggravated by uncovering. Ars.<sup>30</sup>, one dose, cured.

Dr. True mentioned several cases of poisoning by Arsenite of Copper which had come under his observation. Before the cause was discovered the patients were supposed to be suffering from a fever. Stools green, involuntary, terrible tenesmus, thirst. Ars. was given and aggravated. The cause was discovered and removed and all got well.

Dr. Hawley spoke of a case of puerperal peritonitis following a protracted difficult labor. Great pallor, abdomen much distended and sensitive, frequent vomiting, thirst for a little and often: metritis. Ars.<sup>30</sup>, in repeated doses, cured.

Dr. Brewster said that Ars. has a headache somewhat like Glon., but with Glon. the brain beats in waves against the skull, while with Ars. the beating seems to be in one spot—a thumping as if it would burst the skull at the point where it strikes.

At the fourth meeting, held March 16th, Sections 2, 3, 4, and 5 of the *Organon* were discussed.

Dr. Hawley said that he found the taking of a case correctly the most difficult thing in the practice of Homœopathy. Hering says, "If you ask leading questions you may conclude that you are yet a novice. Make the patient describe his sensations."

Dr. Candee gave a clinical talk on Apis, stating the following to be his guiding indications :

Aggravation at five P. M.

Drowsiness, dullness of head, starting and shrieking. Suppression of urine (here resembling Cantharis).

Œdema, general dropsy, especially renal. Œdematous swellings, waxy.

Pale redness of throat, œdema of uvula—thirstlessness.

Urticaria, pale, puffy swelling, with stinging pain.

Drs. Seward, Brewster, Sheldon, Hawley, Robinson, and True participated in the discussion which followed.

Dr. Seward said he was once called to see a middle-aged man who complained of a feeling "as though flying through the air" while asleep. Apis cured.

Dr. Hawley said he had used Apis successfully several times, guided by an œdematous swelling of the vulva. Thinks it characteristic.

Case—Woman, aged sixty, chronic headaches, nervous, hysterical, œdematous, pale, doughy swelling of the right labium. Apis<sup>52m</sup> cured.

Have often been led to use Apis by a puffiness under the eyes.

Case—A man was stung on the lip by a honey-bee ; immediately tingling of the tongue, sudden very urgent desire for stool, stool flowed away like water, fainting, drenching sweat. Whisky antidoted.

Case—Tonsillitis, tonsil enormously swollen, fluctuation, œdema of uvula, feeling as of a splinter run up to ear. Hepar—no relief. Next morning all symptoms aggravated ; pricking as from needles in tonsil, running to ear. Apis<sup>52m</sup> caused immediate resolution.

Case—Facial erysipelas ; Bell. and Rhus failed ; stinging as from needles, occiput so sore could not lay head on pillow. Apis<sup>52m</sup> cured in a few days.

The scream of Apis is peculiar—not *irritable*, but *agonizing*.

Case—Epithelioma of cervix, burning, stinging pain. Apis<sup>52m</sup> relieved pain and improved the whole condition.

Dr. Brewster mentioned a case of traumatic erysipelas where gangrene was prevented by Apis.

At the regular meeting of the Syracuse Hahnemannian Club,



held March 23d, there were present Drs. Hawley, Candee, Seward, Sheldon, Brewster, Hooker, True, Schumacher, and Robinson.

The meeting was called to order by the President, Dr. Seward.

Paragraphs 6 to 11 inclusive were read.

Dr. Hawley remarked that an attempt to explain many paragraphs of the *Organon* was like an attempt to preach a sermon on the Golden Rule—it only watered it.

Dr. Brewster—There is something unseen that gives form to every particle of matter. What is it? The sick man has the same form, the same features, the same general appearance as when in health. What makes him sick? The science of medicine seeks to find what causes disturbance of health. When there is a deviation of the vital force from the normal standard, the subject will be prostrated by disease unless the tendency is counteracted and the vital force turned into its proper channel.

Dr. Hawley—When a man is sick, he is sick because his vital force is turned out of its normal course. Man *himself* is a form, and the *form* is sick because the vital force is disturbed. Disease is vital force turned out of its normal course by inimical forces.

The Club then proceeded to discuss Rhus tox.

Dr. Candee—Dr. T. F. Allen considers Rhus tox. and Rhus rad. to be identical.

Dr. Hawley—I know there is a difference between Rhus tox. and Rhus rad., for the two plants do not grow alike, and I always cure cases of poisoning by Rhus rad. with one dose of Rhus tox.<sup>oc</sup>. The emanations from Rhus tox. produce toxical effects.

Dr. Seward—Rhus rad. has stinging and tingling of the tongue, and the red, triangular tip which is imputed to Rhus tox. belong to Rhus rad.

Dr. Robinson—Is not Rhus rad. more superficial in its action than Rhus tox.?

Dr. Hawley—I think that is so, but there is no proof of it.

Dr. Sheldon—I would like to ask if the eruptions of Rhus tox. and Rhus rad. are identical?

Dr. Seward—They are different.

Dr. Sheldon—A child ate one drachm of tablets of Rhus tox.<sup>3x</sup>, and in twenty-four hours she had a fine eruption, which was much like scarlatina; she could keep no covering over her, and scratched the hands and feet constantly. The vesicles were

fine, but grew larger as they approached the joints. There was great restlessness and aggravation on keeping quiet.

Dr. Seward—It may be that the itching caused restlessness, instead of muscular and bone pains causing it.

Dr. Hawley—A man was nearly covered all over with eczema, itching, oozing; his shirt would stick to him. *Rhus rad.*<sup>co</sup> cured in one week.

Dr. Brewster—An ulcer as large as a silver dollar on the internal malleolus, with itching, stinging, and darting pains. Aggravation *after* motion was cured by *Rhus rad.* Aggravation *after* motion is characteristic of *Rhus rad.*

Dr. Seward—If you repeat *Rhus tox.*<sup>co</sup> in antidoting *Rhus rad.* poisoning you will never cure. *Observe strictly.*

Dr. Sheldon—Would not nature eliminate the poison of *Rhus rad.* in time?

Dr. Seward—No. Have had one case of eighteen years' standing.

Dr. Robinson—Cured a case of one year's standing with *Rhus tox.*<sup>3x</sup>.

Dr. Hooker—Saw a case of *Rhus rad.* poisoning where the patient got the poison on his hands and carried it to his face and genitals, so that his face, hands, and penis were covered with very large vesicles, and the penis enormously swollen.

At the regular meeting, held March 30th, there were present Drs. Hawley, Seward, Schumacher, A. B. Kinne, Macomber, Robinson, and Hooker.

The Secretary read paragraphs 12 and 13 of the *Organon*.

Dr. Hawley—Is disease ever "subject to the manual skill of surgery?"

Dr. Robinson—A foreign body may induce disease.

Dr. Hawley—In such a case, which would cure quickest, the indicated remedy or the knife?

Dr. Macomber—I would combine the two.

Dr. Robinson—In the case of a felon caused by traumatism, the knife alone would cure.

Dr. Seward—When the cause is constitutional, as in the case where a child has necrosis after getting wet, the indicated remedy will cure.

Dr. Hawley—I think we get a quicker and more complete cure without surgical interference in such a case. A child had the entire humerus below the epiphysis resected for necrosis and never got well. A lady had necrosis of the humerus involving the elbow joint, which was ankylosed completely. She was treated by an allopath for fifteen months, and there were

at the end of that time four sinuses leading to the necrosed bone. The patient was pallid and emaciated, and could only walk a few feet with assistance.

She was out in a short time after I began to treat her, and now she is strong and well, but there are still three sinuses and occasionally a discharge of spiculæ of bone. I think if I had removed the dead bone I should have had a funeral.

Dr. Kinne—If called to a case of gangrene which started in the toe and extended to above the ankle, where a line of demarcation had formed, what would you do after the indicated remedy failed to relieve?

Dr. Hawley—Amputate. I think Dr. Ad. Lippe put the thing in a nutshell when he said, "To attempt to cure *mechanically* what is caused *dynamically* is an absurdity."

Dr. Hawley then gave a talk on Calc. os. as follows:

Was called to see a woman who had been confined to bed for eighteen months with an ulcer of the right tibia and necrosis of the bone, which had been scraped without benefit, and she had been given up by the allopaths.

Light complexion; sandy hair; blue eyes; cold, damp feet—Calc.-os.<sup>6m</sup> given first in February and repeated once or twice up to June cured.

Calc. os. has sweating of the head in infants while sleeping and while nursing.

I sometimes give Calc.<sup>30</sup> once per day for a week and then let it act.

In young ladies, with light blue eyes, who are troubled with falling out of the hair, it will clench the hair so you can hardly pull it out.

Dr. Schumacher—A man, aged forty, had pneumonia three years ago. Constant pain in one spot in the chest. Spot about as large as a dollar; breathing painful. Calc. os. cured.

Dr. True—A woman slipped in getting into a cutter and scraped her shin on the step so that the leg immediately swelled and three large ulcers formed on the front of the leg; great fetor; aggravation from letting the leg hang down. Calc. os. high cured but there is still some œdema of the leg.

Dr. Kinne—I would ask Dr. Hawley for characteristics of the cough.

Dr. Hawley—I am guided by the concomitant symptoms.

Dr. Seward—We do not find the symptom, "cold, damp feet," in the provings.

Dr. Hawley—It is a clinical symptom.

Dr. Seward—I was called to see a case that had been under



mongrel treatment for two weeks for pneumonia. Found the woman much emaciated, except her feet and legs to knees, which were œdematous, large, and cold. Expectoration yellow and gray; the gray very fetid; no appetite; tongue thickly coated. She could not lie down, nor rest with her head back in the chair; she had to have her head held by a hand on her forehead. Calc.<sup>30</sup>, one dose, relieved so that by the second day she could lie at an angle of forty-five degrees and on the third day she could sleep quietly and the œdema left the extremities, while on the fifth day she was hungry and ate veal pot-pie, which brought on diarrhœa, which a few doses of China<sup>20</sup> cured.

At the regular meeting, held April 6th, there were present Drs. Hawley, True, Brewster, and Schumacher.

In the absence of Dr. A. B. Kinne, the regular essayist, Dr. Hawley gave a talk on Psorinum.

Dr. Hawley—Psorinum has dark, watery, stinking stools; they are fearfully offensive; children fret, fret, fret all the time; eruption may be vesicular, but is more apt to be scaly; intense itching; worse at night; relieved by scratching until it bleeds; unclean smell about the person, which no amount of washing will remove.

When other remedies fail to work, though indicated.

Case of eczema behind the ears, on the scalp, and in the bends of the elbows and armpits, accompanied by abscesses affecting the bones.

Nothing relieved, but the eruption disappeared to re-appear again, years after, on the wrists. There was then a patch on each wrist as large as a half dollar, with intense itching, preventing sleep, with constant desire to scratch. Psorinum<sup>mm</sup> (Swan). In two days the patches had doubled in size and in a week more they had extended to the dorsi of hands between the metacarpal bones, but in another two weeks they disappeared entirely.

In closing this report, it is only justice to remark that the Club owes its existence to the efforts of Dr. R. S. True.

FREDERICK HOOKER, *Secretary*.

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A NOTE ON LEDUM may be serviceable in ascites associated with the gouty diathesis. A prominent symptom is constant chilliness, though at midnight there may come a sense of suffocation and heat, patient throwing off the bedclothes and becoming very restless. Ledum, patient is morose, discontented, much interested in the subject at hand.

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## A CASE OF ERYSIPELAS.

H. P. HOLMES, M.D., SYCAMORE, ILL.

I was called, February 17th, to see Mrs. V——, aged fifty-seven years. Found her sick in bed, very weak, and slightly delirious. Her face was deeply flushed and swollen. The eyelids were swollen so that it was impossible to open them, the swelling here being of a light color and consequently oedematous. The patient was quite restless. There was no thirst; the pulse was 128 and the temperature 104.45. The urine was greatly diminished in quantity and of a dark, brownish color, loaded with earthy phosphates.

The diagnosis was erysipelas and the prognosis, considering the temperature, age of the patient, and delirium, very grave. The family had been using upon the face a wash composed of Quassia, Sal Soda, Sugar of Lead, Saltpeter, Amm. carb., and Opium, and were very reluctant to give up its use, as it had been known to cure (?) many patients when nothing else would. I had had some experience with the application not the most satisfactory to my patient, although it had rapidly removed the erysipelatous blush, and I refused to treat this patient if the wash was to be used. The case was put into my hands and received a few pellets of Apis mel.<sup>200</sup> in half a glass of water, a teaspoonful every hour until improvement was noticed; then take every two hours.

The next day the patient was very much better in every way. Pulse 95 and temperature 101. The swelling had gone down fully half and the eyes could be opened easily. Put the patient upon placebo and asked for a report next day. That evening patient reported more restlessness and a burning sensation in the face, but the general appearance improving. Arsenicum<sup>200</sup> was prescribed as before. This prescription, made on the 19th, was all the medicine the patient needed to complete the cure.

February 22d I was again called, in the night, to prescribe for the patient, as her sister feared an attack of apoplexy. Her face was much flushed, her breathing heavy, and difficult to rouse her from her sleep. Her father having died from an apoplectic stroke, it was the cause of alarm in this case. There was apparently no farther trouble from the erysipelas. I sent a single powder of Belladonna<sup>200</sup> which removed the trouble *cito tuto et jocunde*. I saw the patient the next day, and every

symptom of the erysipelas had disappeared. I then gave a single dose of Sulphur<sup>200</sup> to finish the case, and had the satisfaction of seeing a case recover that under average practice would very likely have ended in death.

The points worthy of remark in this case are as follows : Erysipelas is not a *local* disease, many authorities and general practice to the contrary notwithstanding. Local treatment is not certain, and is, as a rule, productive of bad results. To remove the erysipelatous hue by local treatment is not to cure the disease, and such suppressive treatment will most certainly be followed by some bad result. On the other hand, systematic treatment, which leaves the blush alone that it may stand as a landmark and indicate the progress of the cure, is the only certain and satisfactory treatment. Erysipelas being one of our worst diseases to treat, a cure effected with 200ths alone shows that it is not necessary to increase the dosage in proportion as the disease is considered dangerous. Furthermore, the repetition of the dose, in the way the above case was treated, is not only not dangerous, but with me efficacious as a rule. While a single dose of the indicated remedy might have cured the case as well, if not better, than the same sized dose divided as above, I did not, in this case, care to leave the patient upon a placebo after a single dose of the indicated remedy. In this case the remedy was not repeated at the next visit, but was left to act until improvement ceased. The giving of a dose of Sulphur high to finish up a case is a style of practice that has been very successful with me. I do not intend to say that it is prescribed as the *similia*, but the practice is followed by many good physicians, and is usually successful. I think the reason is that there are very few patients but what a dose of Sulphur at any time will benefit them.

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### A CASE OF DIPHTHERIA WITH CONVULSIONS CURED.

WILLIAM H. KRAUSE, M. D.

(Read before the Homœopathic Medical Society of the County of New York,  
March 8th, 1888.)

In the evening of June 12th, 1882, I was called to see a young lady eighteen years old with convulsions. Before I arrived the family had called another physician, who administered a subcutaneous injection of (I suppose) Morphine and left,



promising to call if necessary. When I came to the bedside the patient was vomiting, I suppose from the injection, but she had no more convulsions at that time. I found at my examination on both tonsils a dirty, gray, diphtheritic membrane, with all the usual symptoms, fever, headache, pain in bones, etc. I prescribed Merc-cyanide, in water, a teaspoonful every hour. Next morning I found the patient somewhat better as far as the diphtheria was concerned, but the convulsive element of the case had appeared again in full force. With quick jerks the knees would be drawn up, and the head thrust down between them, so that the whole body looked like a bundle. These movements were repeated five or six times in quick succession, followed by a short period of rest, and then more of the same movements. They were so violent that it seemed as though the spinal column must break; but the patient suffered no pain and remained conscious. After five days the diphtheritic membrane had disappeared, but not the convulsive motion. They were worse if anybody came to her bed, and especially if any attempt was made to shake hands with her.

I gave, without success, Ignatia<sup>30</sup>, Stramonium, Hyoscyamus, and Belladonna. I then saw Dr. E. Bayard, and related the symptoms to him. He said, "Belladonna will cure the case." I told him that I had given the 1 and 30th of that without benefit. He said, "Give Belladonna<sup>60m</sup>." I told him I did not have it, so he gave me a powder of Fincke's 60M Belladonna, and told me to give it dry on the tongue and no more medicine for two days, then if all the symptoms had not disappeared to give one dose of Lachesis, which would surely remove the rest of the symptoms. In the afternoon of the sixth day, just after a paroxysm, I gave her the powder on the tongue, and waited for twenty minutes in the room. When I left, I went to the bed and shook the lady's hand for good-bye, and this was the first time that she did not repeat her motion.

There was no subsequent attack. Two days after the patient was discharged cured and able to be about the house.

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A NOTE ON LOBELIA.—Extreme *tenderness* over the sacrum. She cannot bear even the pressure of a soft pillow; she cries out if any attempt is made to touch the part. She sits up in bed leaning forward to avoid contact with the bedclothes. After each vomiting spell, she breaks out all over with *sweat*, followed by a sensation as if *thousands of needles* were piercing her skin, from *within outward*.

C. CARLETON SMITH.

## A CASE OF NOCTURNAL ENURESIS.

Miss ———, aged nineteen, dark hair and eyes, delicate, had been afflicted with nocturnal enuresis since a little girl. Some three or four “regulars” had exhausted their skill. She had been under the constant treatment of one of these for several months when I was called—September 2d, 1887. He was dismissed one day and I was called the next. Her condition was then as follows: Constant headache, consisting of sharp pains affecting both eyes, pressing outward; low spirited; *weakness of memory*; tossing about all night with moaning and talking; dim-sighted; at every attempt to read, the page becomes a blank—cannot see a letter; severe labor-like pains in small of back; feet and lower limbs swollen, cannot put on her shoes; copious emissions of urine every night—“she just floods the bed;” urine dark and has bad odor; *very hard to wake from sleep*, “I have to shake her.”

TREATMENT.—September 2d, 1887, put her on Nux v.<sup>2m</sup>, one dose per day for two weeks. This resulted in removing some drug symptoms, but the guiding symptoms remained the same. September 16th, when I called, the mother broke down with grief, saying her daughter was no better, and that she had given up all hope. I told her to not become discouraged, that I had not yet prescribed for her actual disorder. I then gave her *one dose* Kreos.<sup>50m</sup> (Dr. R. B. Johnstone’s “H. S.”) and Sac. lac. for one week. Eight days after reported this: “Emma is feeling somewhat better, and has not ‘wet the bed’ since you gave her that last medicine, until last night.” Gave her one more dose of the Kreos.<sup>50m</sup>. November 10th, reported much improved. Edematous condition of feet and limbs all gone, appetite good, sleep natural, and no “wetting the bed.” Sac. lac. continued. February 10th, 1888, the girl is fresh and healthy looking, no swelling of limbs or feet, no back trouble, no headache (or but slight at times), can read as well as any one, and has never “wet the bed” since taking the second dose of Kreos.<sup>50m</sup>.

Besides the Nux v.<sup>2m</sup>, which she took two weeks, the two doses of Kreos.<sup>50m</sup> is all the medicine she has received. If the trouble is ever reported to me as having returned, I shall give her one dose of Kreos.<sup>100m</sup>, Johnstone’s “H. S.” The “dose” of which I speak is a few No. 5 pellets.

## A CASE OF REMITTENT FEVER.

Young man, aged twenty-two, black eyes and hair, has been chilling four weeks. A "regular" has been giving "heroic" doses of Quinine and "some other stuff." Still, he chills every other day, beginning about ten A. M. On hearing this, I proposed to give him enough medicine to last over two chill days, at which time I would return, take his symptoms, and cure the disorder. Explained to him why this was necessary. He consented. Put one dose of Sep.<sup>59na</sup> on his tongue and left Sac. lac. Returned at appointed time and found following: Had had the two chills. Came on between nine and ten A. M.

PRODROME.—Flushes of heat and nausea. No thirst.

CHILL.—No thirst. Can't get warm even by a stove.

HEAT.—Great thirst. Between chill and heat much *sour* vomiting (*bitter* vomit between chill and heat, Eup. perf., Ipec.).

SWEAT.—Profuse.

Was hungry each day, but few mouthfuls filled him up. There was no red, sandy sediment in urine.

TREATMENT.—Gave him one dose Lyc.<sup>43m</sup>. He never had another chill from that day to this. That was November 11th, '87; this is February 10th, '88. He only received the one dose (few No. 5 pellets).

I have reported these two cases in compliance with a promise made to some of my classmates who "took no stock" in Professor Kent's "private talks," because they "took no stock" in high potencies. Well, boys, as I told you then so I tell you now: They work like lightning if indicated; if not indicated, you can't give medicine strong enough to cure. I located in a community where Homœopathy was a stranger, and the foregoing are only samples of many I could report. These are good families, and those calls were my first chance at either family. They are not only now my advocates, but those two cures have made me many dollars. I keep nothing in my office lower than 200. Lower potencies might have worked in these cases, but, as you see, I did not need them. These I will leave in the market for *mongrels*; for mongrels cannot use high potencies with success. They tell us Homœopathy cannot cure intermittent fever. In each such saying they betray their own ignorance. They ought to say, "We don't know how to *cure* intermittent fever, because we don't know how to apply the homœopathic law." My potencies have been thoroughly tested



in this community on intermittent fever, and I have never failed in but one case—and this fellow could not spell his own name—of course, he could not give me his symptoms. I cheerfully continued my defense against the “regulars” by keeping quiet, curing my cases and theirs, too. But please leave me my repertory and high potencies.

J. C. HOLLOWAY, M. D.

### BOOK NOTICES AND REVIEWS.

**SALIENT MATERIA MEDICA AND THERAPEUTICS.** By C. L. Cleveland, M. D. Pp. 171. Hahnemann Publishing House. F. E. Bœricke, Philadelphia, 1888.

One hundred and ninety-seven remedies are treated of in this little work, but they are considered in such a condensed manner as to be wholly useless.

**LECTURES ON DISEASES OF THE HEART.** By Alonzo Clark, M. D., LL. D. E. B. Treat & Co., 771 Broadway, New York, 1887.

Dr. Alonzo Clark has been for many years a lecturer at the College of Physicians and Surgeons, of New York. This book is composed chiefly of lectures delivered at that college. It is emphatically the work of an original thinker and worker—not in any sense a compilation.

### NOTES AND NOTICES.

**ERRATUM.**—In April issue, page 185, line 17th, for *neck* read *knee*.

**NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY** meets at Continental Hotel, Newark, Tuesday, May 1st.

**BELL ON DIARRHŒA.**—A new edition of this justly celebrated work is now being prepared by Drs. Bell and Kimball. This will be welcome news to many physicians.

**HOMŒOPATHY RECOGNIZED.**—Dr. G. W. Sherbino has been recently appointed by District Judge Conner a member of the Board of Medical Examiners for the Forty-second Judicial District. A good appointment.

**REMOVALS.**—Dr. Julius Schmitt has removed his office and residence from 42 St. Paul Street, to 113 North Avenue, Rochester. Dr. Cornelia S. Simpson has removed from Bloomfield, New Jersey, to Hoosick Falls, New York. Dr. L. H. Bradley from Merced to Alameda, California. Dr. G. L. Long from Lone Pine to Merced, California. Dr. J. A. Gill, of the Homœopathic Medical College of Missouri, has gone to Twane, Mo. Dr. J. G. Gundlach removed some time ago from Texas to Spokane Falls, Washington Territory. Dr. G. is now so well pleased with his new home that he will settle there. Drs. F. Keller, Chas. S. Penfield, and C. D. Olmstead are also practicing at this place. Dr. Frederick Bruns has removed from Hotel Pelham, corner of Tremont and Boylston Streets, Boston, to 28 Cedar Street, Boston Highlands.

**THE AMERICAN INSTITUTE.**—Dr. Pemberton Dudley, General Secretary, sends out a preliminary notice of the coming meeting of the Institute at Niagara Falls. The sessions will be held at the International Hotel, beginning Monday evening, June 25th, and will close at noon on Friday, the 29th.

Full particulars as to hotel and railroad rates will be announced later. Any information in regard to the life, labors, etc., of any deceased member may be sent to the necrologist, Dr. H. D. Paine, 134 Madison Ave., New York city. All requests for information in regard to homœopathic statistics, etc., should be sent without delay to Dr. T. F. Smith, New York city.

**THE ABUSE OF ACONITE.**—Concerning the abuse of Aconite as a febrifuge, Dr. Farrington says: “\* \* \* When fever is only a symptom, Aconite should not be given to control it. \* \* \* You should no more attempt to lop off fever by the administration of Aconite than you would lop off one symptom in any disease. \* \* \* Again a mistake is made in giving Aconite in typhoid fevers to diminish the pulse and control the temperature. \* \* \* Aconite is seldom to be thought of in scarlatina. There may be exceptional cases where the fever is disproportionately severe and the *characteristic mental symptoms are present*; but nine cases out of ten would only be spoiled by use of Aconite. In inflammatory fevers Aconite must give way to other remedies unless this anxiety, restlessness, etc., be present.”

**WILMINGTON HOMŒOPATHIC HOSPITAL.**—A philanthropic citizen of Wilmington, Delaware, Mr. J. Taylor Gause, President of the Harlan & Hollingsworth Company, has purchased the Hygiene Home in that city and given it, rent free, to the Homœopathic Free Hospital for a year, with the privilege of purchasing at the end of that time for the amount now paid by Mr. Gause, which is about \$25,000. This action places the Homœopathic Hospital on a firm footing. Enough money has already been subscribed to carry it through its first year, and the hospital will be ready for patients by the last of November.

**FAITH CURES.**—While sound theology condemns modern miracles, it is impossible for pathologists and psychologists to treat them so cavalierly. In them are exhibited, in a more or less legitimate manner, the results of the action of the mind upon the bodily functions and particles. Hysteria is curable by these phenomena, since hysteria, after all, is only an unhealthy mastery of the body over the mind, and is cured by any stimulus to the imagination, which reverses the position, but at the same time the mind can produce actual morbid anatomical changes in the body, and as the experiments of French physicians in hypnotism tend to show, even favorable structural and functional alterations. Therefore there is no reason to doubt that faith-healing may have more positive results than we have been accustomed to allow it.—*British Medical Journal*.

**TOO MUCH SURGERY.**—At a meeting of the Philadelphia County Medical Society, Dr. John C. DaCosta said: Believing that many unnecessary operations are done, and that it is better practice to cure a woman and leave her with her organs intact, rather than by a brilliant operation to unsex her, without the certainty and with only the hope of relief, I took decided ground at the last meeting of this Society, in November, against the great number of abdominal sections now being made, including those made for “pain alone” (which is the subject for this evening’s discussion), citing these cases to sustain my argument, viz.:

First. That a large proportion of the operations as done, and for the reasons alleged for operating, are unjustifiable.

Second. That the published reports of many cases said to be cured by operation are unreliable. For, though the operator may have been honest in thinking, when he made his report, that he had cured his patient, the after-history of the case sometimes showed failure.

Third. That the spaying of women for pain alone, and for many of the other supposed causes of trouble for which it is done, and in the miscellaneous way in which it is done, is unwarranted.—*From Medical and Surgical Reporter, January 14th, 1888.*

THE

# HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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No. 6.

## WHAT IS A PROVING?

EDITORS HOMŒOPATHIC PHYSICIAN: I have just received a card, on which was printed the following: “Axiom—the effect of a poison is a proving.” Also on another card, “Dear Doctor, please controvert or assent to the above. Yours, fraternally, \* \* \*.”

I neither “controverted” nor “assented” to the “axiom,” but replied as follows: “A proving is the effect of a noxia on the human organism, and a truthful record in detail of the symptoms which declare the nature of such effect or effects; without the observation necessary for this detailed record any poisoning is *less* than a proving. And without such examination of this record as can decide the truth of this or that fact, if it be really the result of the noxia, there can be no such proving as makes an agent practically available for intelligent clinical duties under the homœopathic law.”

Is it not a little remarkable, after all these years and what has been written, that there should be need of stating again what a *proving of a drug is*? It is still more so that one, who seems to have given much of time and attention to this work, should need to be told. But, sad as the truth is, it is only too apparent that most of those who have been engaged in this work of late years have entered upon it with no definite idea of the philosophical principles involved in the duty; or of the nature of the facts (symptoms) which are the legitimate objec-



tive of the proving.\* Why is it that there is still so great ignorance of what constitutes a proving, and what a symptom, as appears in most of our modern provings? Why, indeed, but that these would-be provers don't know because they have not been taught! And why have they not been taught? Evidently because they have been so unfortunate as to fall under the tuition of those who did not themselves know. This ignorance on the part of the teacher is fully disclosed by the call from the desk on the pupils of a class to join the professor in re-proving of drugs, to refute or confirm the experience of his expert predecessors. This professor did not know enough to enable him to accept the testimony of those who did know perfectly. He would have that of neophytes before he would be satisfied. Alas! that those who pass among us as teachers and professors even, should be made of such stuff!

P. P. WELLS.

### SARTOR RESARTUS.

In the May number of this journal, Dr. McLaren takes me to task for "some very surprising statements," and I fully agree with him as regards the typo's pranks. Let me correct those first. Top of page 78, second line, was written, one point, not "our point;" the large bulk of the sick, not "rich" (unfortunately). The Doctor is right; "brain" as printed was written pain; and the biggest somersault is still to come, in the third line from the bottom, where *vis medicatrix nature* is made to read, "his medicative nature," which is, to say the least, a rather free translation.

Dr. McLaren gives three very pretty cases of homœopathic treatment of gall stones. But we cannot help asking, Were all of your cases, Doctor, as easily managed as these three? Was relief as prompt and cure as complete? There are cases, no doubt, where Morphia fails to ease the pain. I have heard of such, but have not chanced to meet them. There are cases to my certain knowledge that have been relieved by Morphia, and have had no return of the disease for over six years. I can vouch

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\* In a late volume of the transactions of the American Institute appeared what purported to be "a proving" of an important drug, containing some hundreds of entries of what were probably supposed to be symptoms of that drug. Among them was this entry: "Got up in the morning and felt better!" *Ex uno omnes disce*. The other hundreds of entries were of little more value to the prescriber than this bit of twaddle. The ambitious young prover (for he is young), no doubt meant well, but he did not know.

for at least half a dozen such. Now, does this prove that Morphia cured them? Hardly, I think, though some of our friends of the other persuasion might have the hardihood to assert that this was the case.

Only one word farther regarding the use of Morphia. The writer is not a Morphiaphobist. He uses it both by hypodermic and by the mouth. One case is living who took hypodermics of at least a grain each, sometimes of two grains each, every four hours for fifteen days. This was a case of traumatic tetanus of the worst description, and in the course of the attack involved every muscle, from crown to sole. Now, my dear Doctor, do not run to the extreme from this hint. The use of Morphia is very exceptional. Probably once a week would be a high average. But I am not afraid to use it when it is adjunct to homœopathic remedies, nor am I, like a good ex-President of the American Institute, whom I overheard talking of his personal case, say that he was ashamed to own that he used Morphia on himself.

I know of no reason why a homœopathic physician should not use adjuncts, but I will not quarrel with those who will not use them. Will the Doctor kindly tell us whether he has ever made any failures in *immediately relieving* calculi?

As to Hahnemann's explanation of, and his remarks on, mesmerism and "its efficacy," the less said the better. Otherwise, a great majority of the profession might be adjudged "madmen."

M. W. VANDENBURG, A. M., M. D.

FORT EDWARD, N. Y.

## LECTURE UPON PODOPHYLLUM.

PROFESSOR J. T. KENT, A. M., M. D., PHILADELPHIA.

This remedy is a proving of *Jeanes*. It is the mandrake. It has complaints peculiar to itself, like all other medicines. It affects the whole body, bringing out symptoms everywhere. Its symptoms are generally in connection with the portal system; we have diarrhœa and constipation in connection with this state of the portal system; when the diarrhœa is relieved, the head symptoms come on; when the constipation is relieved, the head symptoms come on; alternation of the diarrhœa or constipation with head and mind symptoms.

It has the natural gloominess that belongs to liver disorders; the liver is in a state of venous turgescence, hence we have in

jaundice a melancholy. I should be disappointed if I did not find melancholy present in jaundice; that it should be absent would be peculiar. The alternation of the mental and abdominal symptoms is peculiar. The head symptoms will immediately subside, and on comes the diarrhœa; the diarrhœa will stop, and on comes a violent and indescribable headache, involving the greater part of the head. When you find that state don't forget Podophyllum. It has no equal in the *Materia Medica*.

In a general way abdominal plethora stands out strongly. The patient feels bloated, distended; there is soreness and uneasiness, all of which are relieved by stool.

Podophyllum produces a marked relaxation of all the pelvic structures and tissues, the rectum, vagina, and bladder; while urinating he feels as if the genital organs were pressing out; while urinating she feels as if the uterus would protrude; while at stool she feels as if the whole internal organs would protrude. Another marked evidence of this condition, prolapsus of the rectum while at stool from slightly straining, and from no straining at all. It seems to the patient as if the whole rectum protruded; this is associated with prolapsus uteri in the female, a horrible, indescribable feeling, as if the organs would fall out of the pelvic cavity. We have prolapsus of the uterus in other remedies, as *Nux-v.*, *Sep.*, *Murex*, *Nat-m.* These are markedly prominent remedies for prolapsus uteri, but are no more prominent than Podoph. when indicated, and each has its own peculiar symptoms.

Suppose with this prolapsus you have a dragging feeling, a bearing down; with this there are pains, shooting pains, that shoot back to the rectum; every little twinge urges her to go to stool, or causes in her a desire to go to stool. You will give her *Nux-v.* and will cure. *Nux-v.* will also have frequent urging to stool and pains that shoot *from* the rectum. You will usually find other *Nux-v.* symptoms, such as are pretty apt to be in close relation to this phase of prolapsus by which you can decide. (This symptom also found under *Plat.*, *Aloe.*, *Medor.*)

How is it in *Sepia*? With this great dragging down and the uterus protruding, she *must* use a napkin to prevent the uterus from falling, or to prevent the sensation of falling. She is relieved by sitting or lying down; worse from walking; irresistible desire to press the uterus with the hand or napkin; aversion to man; to coition; with the associate symptoms of hot flushes; the constipation; the sense of lump in the rectum; the stool does not relieve; always a feeling as if fecal matter re-



mained in the rectum. With these associate symptoms you will surely give Sepia.

Murex has the dragging down like Sepia, even the protruding uterus. She has the strong desire to press the vulva with the hand or napkin, the *only* relief to her; she is *not* made better by lying down, like Sepia, but pains come on in the back and hips when lying down, compelling her to walk; walking increases the pain. Unlike Sepia, there is strong sexual desire; the sexual desire is increased; there are pains from the ovaries to the mammary glands; from the left ovary to the left mammary gland, and from the right ovary to the left mammary gland. All these remedies have greater or less engorgement of the pelvic region, tumidity, distended abdomen. The relaxation, want of tone of the veins, is most closely related to Podoph.

The complaints of Phodophyllum come on in the morning, commonly in the latter part of the night from two to four o'clock; we have a strong feature in the four o'clock chill and diarrhœa. What we have said in relation to chill and diarrhœa has been general.

Podoph. is of wonderful use in our summer complaints; complaints coming on because of the heat of the weather. The most characteristic of these diarrhœas is watery, yellowish, or dingy green, very profuse, mealy sediment. That is characteristic. The mother will say of her child, she does "not see where all the fluid comes from," it is so profuse; very offensive; pouring or gushing away. Phos.-ac. has this profuse gushing diarrhœa. How shall we tell them apart? In Podoph. we have deathly prostration; the child acts as if it were going to die; it has a pallid, deathly countenance. Phos.-ac. has no prostration, and although the mother may say to you in the same way she does "not see where all the fluid comes from," she is surprised that baby is walking about. The Podoph. baby cannot do it.

In the congestion to the brain we have rolling of the head on the pillow associated with this diarrhœa. We have rolling of the head in Bell.; we have butting of the head, or lying with the head upon one side while the body is upon the back, in Apis. Bell. rolls the head in a congestion of the brain, where the brain is the primary seat of the disease, hence, we have rolling of the head in coma. In Podoph. it is in a congestion to the brain associated with bowel trouble. We commonly have profuse diarrhœa for a day or two, when it reaches a second stage; the diarrhœa is checked and on comes the head

trouble, and the rolling of the head in the pillow. Here we have the alternation of the head and bowel symptoms.

Hunger after vomiting is prominent, and there is a great amount of vomiting. If you think *Podophyllum* does not vomit, get a half grain of the *Podophyllum* and take it; you will quite likely find out the facts through experience if you live to feel it. It produces profuse, greenish, watery vomiting; a vomiting of bile and frothy substance, and with the vomiting there is the deathly, overpowering prostration and nausea; he lies down a moment and then vomits again. Straining at stool or when vomiting produces prolapsus of the rectum and anus; he vomits everything; he vomits milk; this is not a characteristic, as when vomiting of milk is a characteristic it means milk and nothing else is vomited, and it becomes peculiar. The vomiting of milk is very common to *Calc-c.* and to *Æthusa*; the latter sometimes vomits milk and retains water. *Æthusa* is strongly characterized by the vomiting of milk. Prolapsus while vomiting, *Mur-ac.*

*Podophyllum* produces a habit of vomiting periodically; vomiting coming on in the morning at two or four o'clock, associated with gastric or duodenal catarrh, has found a useful remedy in *Podoph.* because of this periodicity. You will find patients who have it whenever they overload the stomach, or, if that is not the cause, they will have it every two weeks or so.

Fullness of the right hypochondrium, with associate symptoms of melancholy. *Podoph.* is a wonderful remedy for the mental symptoms associated with incurable organic disease of the liver; it improves the mental condition of the patient.

Now and then you will find a patient suffering from a diarrhoea that he has had for a long time; frequent, watery, yellowish stools, with the portal congestion belonging to, or similar to the *Podoph.* engorgement, hemorrhoids, etc. *Podoph.* will cure piles and all. The engorgement might remind you of *Aloes*, but you remember the cutting pains around the navel in *Aloes*; cutting pains while at stool, and a sensation of insecurity of the anus, also the jelly-like stool. *Podoph.* stool is more watery. Jelly-like stool is found under *Colch.*, *Coloc.*, *Helle.*, *Rhus*, *Sep.*, etc.

Another prominent symptom of *Pod.* is the undigested stool; the milk passes undigested; it is sometimes dry and chalky; the chalky stool is very prominent in *Podoph.* *Calc-c.* is prominent with chalky stool.

There is a great amount of flatus, with sputtering at stool, but not so marked as *Aloes*.

Another feature is a *painless* diarrhœa, but it is more common for the violent cutting colic to come and go, come and go; pains go off *with* stool and *without*. The urging is violent and sudden, and comes with a griping, boring pain; the inflammatory state following runs very high, producing great pain and engorgement.

With the painless diarrhœa we compare Chin. The diarrhœa of Chin. comes on at night and after eating; the Podoph. diarrhœa comes on in the morning and runs through the day; Chin. will stop during the day except after meals, and have a violent diarrhœa of an inky fluid at night. Podoph. is yellowish stool, very offensive, even putrid; Chin. is putrid, or sometimes not offensive and of inky color. It is rare for Podoph. to be indicated when the watery diarrhœa is not offensive, while China may be indicated.

Podophyllum is very useful in seasons of cholera, with profuse, watery, rice-water discharges, which, after *standing*, become jelly-like. The deathly sinking and prostration are such as are found in cholera.

Podophyllum has a great deal of chill, sweat, and some fever. Like its diarrhœa, it has a chill at four A. M. Coming in the morning, the diarrhœa may drive him out of bed, like Sulph. and Aloes. The sweat is most profuse about the head, especially the forehead. You will find this condition associated with the abdominal complaints and bowel troubles of Podoph.

The body is offensive; the perspiration is offensive.

Study and compare with Sep., Merc., Aloes, Sulph., and Nux-v. S. L. G. L.

## REGULAR MEETING ORGANON SOCIETY.

Boston, April 19th, 1888.

Dr. Bell read from the *Organon* beginning at Section 14, Dr. Wesselhœft being absent.

Dr. Bell—In regard to the 16th section, I saw in a magazine a short time since that cancer was a disease of the nerves, because the nerves presided over nutrition, and cancer was the result of mal-nutrition, hence cancer was a disease of the nerves.

The same can be said of any disease.

The foot-note to the 17th section, note 8, quite well illustrates the condition of the mind cure in regard to what it can do.

Dr. Kennedy—I would like to ask what is meant by "the entire complex of symptoms" in Sec. 17?

Dr. Bell—I think it means the totality of the symptoms, the



disease. You might except latent syphilis, perhaps, when there are no external manifestations of the disease.

Dr. Kennedy—We are often told that if a skin disease is treated by external application, and it disappears, the patient is well, and oftentimes he seems well, and says he feels perfectly well.

Dr. Bell—I think all such patients would show signs of psora if closely questioned according to the list of psoric symptoms in the first volume of the *Chronic Diseases*.

Dr. Kennedy—We are also often told that a skin disease is a skin disease and nothing else.

Dr. Bell—There is one answer that can be made to that statement. Ask them what syphilis is, if that is simply a skin disease. It was thought to be by the allopaths until they began to find out its effects upon the internal organs.

Dr. Hastings—They would probably say that psora cannot be traced, as syphilis can.

Dr. Bell—Psora can be traced in the same way exactly, and just as clearly. I wish to relate a case I heard of in the Highlands the other day that was most shamefully managed. A servant girl was sick. An allopathic physician was called and injected a quarter of a grain of Morphine. The next day she was no better, and a homœopathic (?) physician was called. He gave *half* a grain of Morphine in the morning and *half* a grain at night.

The next day, strange to say, she was no better, and the same thing was done again. It can scarcely be called treatment—half a grain in the morning and half a grain in the evening. The next day the patient was dead. The disease was peritonitis, but the cause of death was only too evident.

Even the allopathic physician said that no man should give a half a grain of Morphine without remaining with his patient, which was not done in this case. I would now like to read the 18th section :

“It is then unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence, it undoubtedly follows that the totality of symptoms observed in each individual case of disease can be the *only indication* to guide us in the selection of a remedy.”

Now I have been told that a prominent so-called homœopathic oculist had stated to his class that they would not be able to cure their eye cases with the indicated remedy; that the indicated remedy was “all bosh.”

In opposition to this statement, and in confirmation of the truth of the 18th section, Dr. F. W. Payne has a very interesting case to give us.

Dr. Payne then read a case of retinitis pigmentosa, which was much enjoyed by those present. The maps showing the increase of sight were particularly interesting, as they were solid facts, showing a gradual increase of vision that could not be disputed. (This case is given in full on another page.)

Dr. Jameson—I wish Dr. John Payne would relate a very interesting eye case that he told me the other day.

Dr. J. H. Payne—There is very little to say about the case. I prescribed on one symptom alone, as that seemed to be the only one in the case. The patient, a woman thirty-five years of age, was brought to my office for consultation. There was a deep scar of the cornea resulting from ulceration when an infant, and in that eye there was scarcely a perception of sight, nor had there been for years. Otherwise she seemed perfectly well. I advised Kali bich. on account of the symptom, from Hering, I think, "deep scar in the cornea following an ulcerative condition."

In two or three months her physician again brought her in with the cornea perfectly clear and sight completely restored. I think he used the 30th, giving it for several days and then stopping it.

I would like to ask Dr. Bell how often he would repeat a remedy.

Dr. Bell—Only when the case ceases to improve, and be sure it is ceasing to improve.

Dr. Winn—How often would you repeat in acute cases—gall-stone colic, for instance?

Dr. Bell—In such cases I usually give one dose dry and then wait; if there is no improvement in fifteen, twenty, or thirty minutes, I give another remedy, also dry, but never repeat the same remedy unless there has been an improvement in that time, and then, if the improvement ceases, the same remedy may be repeated. Usually, however, one dose of the right remedy is sufficient.

Dr. Winn—I have had a case of gall-stone colic recently with pain in right side of abdomen through to back, radiating from the right abdomen to chest and shoulder, with exquisite tenderness to touch, and sensitiveness to jar. The first one or two remedies given did not relieve, and on further questioning it was found that there was ringing in ears, desire to belch, thirst, coldness of surface, and much exhaustion. China<sup>200</sup> was given in water, and

the effect of the first dose was almost magical, and the relief was immediate. Another paroxysm came on in fifteen minutes, and the dose was repeated, then not again for an hour, and after that once or twice at intervals of three or four hours; but every time the pain returned the China controlled it. The next day she was all right but sore.

Dr. Bell—The 20th section calls to my mind the fact that the appearance of the medicine not infrequently has considerable effect on patients. They will say, "Doctor, how can such a small, white powder have any effect?" I usually ask them if they ever saw a grain of Arsenic or Tartar Emetic, and tell them that it looks exactly like the sugar powder.

Dr. Winn—Do we not often get a group of symptoms that seem perfectly covered by a remedy and yet we get no result?

Dr. Bell—I think that we often prescribe with the greatest care and feel very confident of a cure, yet we do not cure, and often the remedy seems to have no effect. We see this especially in hypochondriacs, very nervous patients, etc. The symptoms often change; the next time they come we get an entirely different picture. Such patients are morbidly organized, they can be greatly helped but not thoroughly cured.

Dr. Payne—Is not latent psora at the bottom of such cases?

Dr. Bell—They seem to be so deeply psoric that the vital force does not seem to react to the remedy.

Adjourned to May 3d.

S. A. KIMBALL, *Secretary.*

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## A CASE OF RETINITIS PIGMENTOSA.

A very interesting case of retinitis pigmentosa having come to my notice, and the result of the application of the law of similars to the same having proved so exact and astounding in result, I am prompted to give you a description of the primary case, as well as a synopsis of the wonderful restoration which has progressed in regular gradation, covering a period now of a little more than six months. These astounding developments, to my mind, are more amazing from the fact that no case of pigmentary retinitis, so far as I know, has ever been reported to have improved, or even to have been arrested in its progress, much less to have been cured, although it is a disease that all oculists not infrequently encounter; on the contrary, all cases are expected to go on to loss of vision. Several classes of eye diseases considered incurable by internal medica-



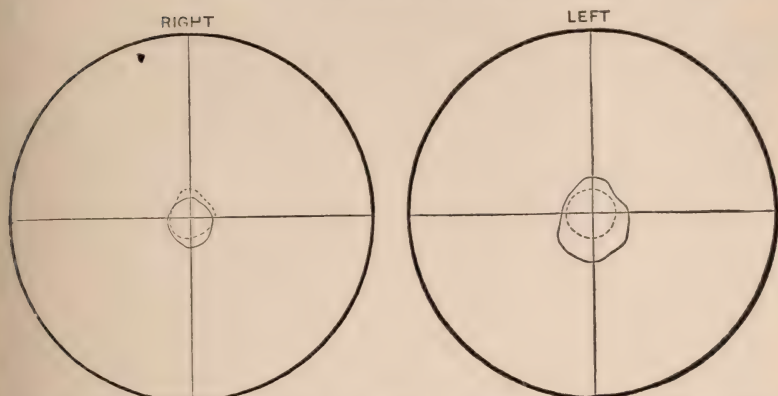
tion, through allopathic authority, such as glaucoma, progressive, primary, and secondary optic nerve atrophy, retinitis apoplectica, detachment of retinae, various forms of cataract, etc., etc., I have repeatedly seen restored to a useful condition of vision under the influence of remedies which have covered the totality of symptoms, but it has never been my fortune heretofore to have been instrumental in aiding the restoration of a case of retinitis pigmentosa.

A brief description of the disease may be useful, that those not conversant with the structural changes that take place may better understand what marvelous results are possible where the law of similars is rightly applied. The ætiology of this disease is not understood. It often appears in several members of the same family, but in the case in question there is no history of its previous appearance among his ancestry or members of his immediate family. Consanguinity is assigned as a possible cause, also hereditary syphilis. This patient's parents were not connected by ties of blood. The progress of the disease is slow, the first evidence of trouble being hemeralopia, *i. e.*, imperfect vision in a subdued light, so that night blindness becomes the most prominent objective symptom the patient recognizes. In a longer or shorter time he becomes conscious that the area of the visual field is becoming contracted, so that he must turn his head in looking so as to successively view different parts of the object looked at, especially so of any considerable superficial area; it being identically the same principle as if the normal eye was looking through a tube, hence a limit in the extent of the field; the perception for color remains as acute as formerly, being limited only as the field of vision gets more and more circumscribed; the disease attacks both eyes simultaneously, causing a limit in the visual fields to about the same extent, the contraction following an irregular concentric course, slowly advancing toward the centre, obliterating peripherally a prescribed area, till at about the age of fifty to sixty it ends in complete blindness. The night blindness is a very prominent symptom, the disability beginning each night as evening approaches, or when exposed to a dimly lighted room, so that the patient becomes entirely helpless so far as his acuteness of vision is concerned, being unable to go about alone in the evening, although his visual acuity is usually good in bright daylight. The contraction of the area of the field is noticed in any light, and gradually progresses; even where the limit of the field of vision is reduced to a few inches patients may even be able to read fine type, although unable to go about alone. Histologic-

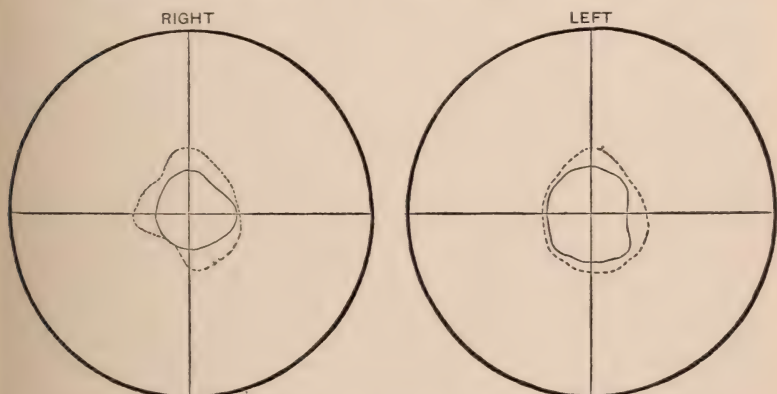
ally it is found that the nerve elements of the retina get gradually atrophied, and the choroidal pigment of the epithelial layer becomes infiltrated into the retina, as the external layers of the retina are gradually destroyed, so that the pigment comes to the surface of the fundus oculi, becoming more or less thickened and densely packed with the pigmentary coloring, which in turn causes a contraction of the retinal vessels, the smaller ones entirely disappearing, while the larger ones are much reduced in size. The pigment, in true cases of retinitis pigmentosa, is observed to be more dense along the track of the retinal blood vessels, assuming star-shaped forms; in some cases the diseased parts of the fundus seem to be packed with it while in other cases it is comparatively absent. The affected parts of the retina show complete atrophy of the nerve elements. All writers affirm a similar fatal ending to vision.

On measurement by the perimeter the limits of the normal visual field for colors may be expressed as follows: *For white*, internally,  $70^{\circ}$ ; upper,  $70^{\circ}$ ; lower,  $80^{\circ}$ , and outer,  $95^{\circ}$ ; *for blue*, internally,  $55^{\circ}$ ; upper,  $50^{\circ}$ ; lower,  $70^{\circ}$ , and outer,  $90^{\circ}$ ; *for red*, internally,  $40^{\circ}$ ; upper,  $35^{\circ}$ ; lower,  $50^{\circ}$ , and outer,  $80^{\circ}$ .

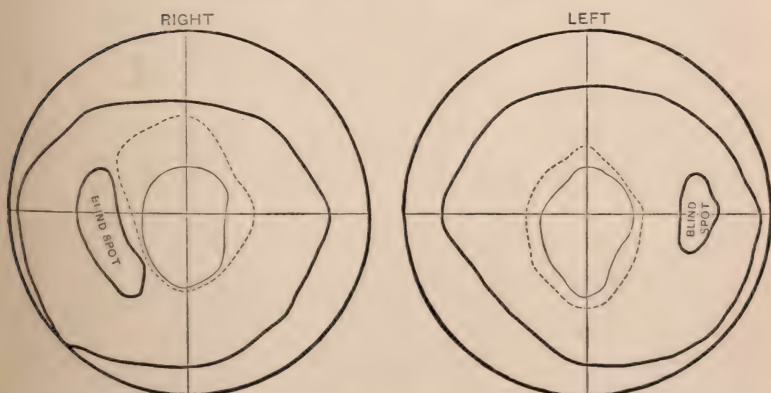
The history of the case in hand was reported to me October 11th, 1887. Edward P., of Connecticut, aged forty-one years; seven years ago first noticed could not see well at night; this disability gradually progressed, so that in walking in the evening was totally unable to see the sidewalk and curbing. Has applied to several prominent oculists, who diagnosed his case as retinitis pigmentosa; told him that all he could do was to take the best care of his eyes and make them last as long as possible; that there was no cure. At this time complained of severe headaches by spells, with much pain in vertex, but latterly more in occiput, extending to eyes; aggravation at night, especially when lying on back, and more severe once a week, usually on Sundays, when it was intense. Sees from horizontal upper part of field of vision, but had syphilis twenty-odd years ago, and has formerly smoked to excess. Is now conscious of great contraction in visual field, and on turning the head marks a distinctly blind spot through which he sees nothing. On ophthalmoscopic inspection the fundus oculi was found abundantly bedecked with the characteristic stellated pigmentary infiltration, extending from the periphery retinae up to a limit in a concentric circle near the optic papillæ, the deposits growing less dense as the papilla was approached. The field of vision was measured by the perimeter, the right eye showing a somewhat smaller field than the left, as accompanying diagrams show, viz.: *Right*



Retinitis Pigmentosa; Edward P., Oct. 11th, 1887. (*Dotted lines indicate the range of vision for red; the hair lines the range for blue.*)



After treatment; test made February 6th, 1888.



After further treatment; test made March 21st, 1888. (*The outer, irregular, heavy lines, in this diagram, indicate the limit for white.*)



eye, for blue, outer,  $10^{\circ}$  ; upper,  $5^{\circ}$  ; lower,  $10^{\circ}$ , and inner,  $10^{\circ}$  ; for red, in right eye, outer,  $10^{\circ}$  ; upper,  $10^{\circ}$  ; lower,  $8^{\circ}$ , and inner,  $10^{\circ}$ . Left eye, for blue, outer,  $15^{\circ}$  ; lower,  $20^{\circ}$  ; upper,  $15^{\circ}$ , and inner,  $15^{\circ}$  ; left eye, for red, outer, upper, lower, and inner,  $10^{\circ}$  each, making a circular space in its perception for red. Prescribed *Arum.*<sup>200</sup>, four doses, to be taken four days apart, and Sacc. lact. in the interim. On account of the character of the symptoms being so imperfectly defined that I could scarcely more than generalize, I was led to the selection of *Arum.*, as it covered the symptoms referable to the limit and position of the diseased visual field better than any other known remedy, as well as the nightly and periodical aggravation connected therewith, feeling that later developments might point with more definite indications to the selection of the simillimum. At the end of a fortnight he reported vision the same, but thought his headaches not so severe; continued Sacc. lact. for another fortnight. On November 11th reported headaches worse. Found him astigmatic in right eye; selected glasses for distance, viz.: Right,  $-0.25$ , s. cyl.  $-0.50$ , ax.  $150^{\circ}$ ; left, 0; glasses for reading, viz.: Right  $+1.25$ , s. cyl.  $-0.50$ , ax.  $150^{\circ}$ ; left,  $+1.50$ , s. Headache more in occiput, extending to eyes, with general blurring of vision while headache lasts; sees a single spark floating before him, more noticeable during a headache. Eyes not at all sensitive to the stimulus of light; continued same remedy, giving one dose. On January 4th, reported burning of feet at night; must put them out of bed; marked sinking and weakness at stomach daily, about eleven A. M.; headaches more pronounced and regular, coming very severely once a week, on Sundays. Prescribed *Sulphur*<sup>cm</sup>, two doses, to be followed by Sacc. lact.; in three weeks thereafter reported an entire relief from headaches, and the stomach symptoms were much improved, as well as a relief to nightly burning of feet; vision seems brighter, *i. e.*, what he does see comes out clearer. February 6th, 1888, gave one dose of *Sulph.*<sup>cm</sup> on his tongue at office. Field of vision was again mapped out, when a marked gain was perceptible; gets along better at night, and once, on a moonlight night, has driven a horse and carriage alone, being able to keep to the highway and avoid passing objects, a thing he has heretofore been unable to do for years. The present size of visual field for red, which, strange to say, is now larger than that for blue, a condition contrary to what usually does occur, in left eye, is, upper,  $30^{\circ}$ ; outer,  $25^{\circ}$ ; lower,  $28^{\circ}$ , and inner,  $20^{\circ}$ ; for blue, in left eye, is, upper,  $20^{\circ}$ ; outer,  $25^{\circ}$ ; lower,  $20^{\circ}$ , and inner,  $20^{\circ}$ ; field for red, in right eye,

is, upper,  $30^{\circ}$ ; outer,  $25^{\circ}$ ; lower,  $20^{\circ}$ , and inner,  $20^{\circ}$ ; *for blue*, in right eye is, upper,  $20^{\circ}$ ; outer,  $15^{\circ}$ ; lower,  $15^{\circ}$ , and inner,  $20^{\circ}$ ; showing the extent of the field in each eye as being almost double for red and blue over the measurements taken at first. On March 21st, again measured the visual field; found it still extending its limits, having about doubled its extent since the last measurements were made. Feels well; good appetite; no headache. When walking in the evening sees the curbing of sidewalks and gets along comfortably, a fact which his friend who was walking with him strongly commented upon. The field as now measured shows, *for red*, in left eye, upper,  $30^{\circ}$ ; outer,  $25^{\circ}$ ; lower,  $45^{\circ}$ ; inner,  $30^{\circ}$ ; *for blue*, in left eye, upper,  $20^{\circ}$ ; outer,  $20^{\circ}$ ; lower,  $40^{\circ}$ , and inner,  $30^{\circ}$ ; right eye, *for blue*, upper,  $20^{\circ}$ ; outer,  $20^{\circ}$ ; lower,  $35^{\circ}$ ; inner,  $17^{\circ}$ ; *for red*, in right eye, upper,  $47^{\circ}$ ; outer,  $27^{\circ}$ ; lower,  $35^{\circ}$ , and inner,  $32^{\circ}$ . The perception for white is now almost as large as the normal field, viz.: in left eye, upper,  $60^{\circ}$ ; outer,  $85^{\circ}$ ; lower,  $75^{\circ}$ , and inner,  $70^{\circ}$ ; in right eye, upper,  $55^{\circ}$ ; outer,  $85^{\circ}$ ; lower,  $75^{\circ}$ , and inner,  $70^{\circ}$ ; the blind spots in each eye are oval, longer vertically, occupy the outer fields in right eye to a distance horizontally of  $25^{\circ}$ , and vertically, slightly obliquely,  $75^{\circ}$ ; in left eye it is smaller, occupying, horizontally, about  $20^{\circ}$ , and vertically, about  $40^{\circ}$ . Ophthalmoscopic appearances show fully as extended pigmentary deposits, but their brilliancy has markedly decreased, their sharply defined outline growing less distinct. He is still a patient, but everything points to a reasonable restoration of useful vision. The result thus far shows what change can be wrought in diseased tissues where the totality of the constitutional symptoms can be covered with the indicated remedy. Mr. P. writes me that his improvement in vision is remarkable, and he shall be "only too glad to personate the first cure of retinitis pigmentosa."

FREDERICK W. PAYNE, M. D.

BOSTON.

## THE HAHNEMANN CLUB OF TORONTO.

Regular meeting of the Hahnemann Club was held Wednesday, May 2d. Minutes read and adopted. The following papers were read on post-partum hemorrhages. \* \* \* \* \* Though profitable, our meeting was saddened by the knowledge it was the last one over which our noble and beloved President, Dr. Hall, would preside. The Doctor presented the Club with a large and handsome picture of himself as a souvenir. We

were too much surprised to make a suitable acknowledgment on the spot, so a special meeting was called for May 8th, when we surprised our President and teacher by a group picture of *entire* Club, an illuminated address (as inclosed), and a farewell supper.

The subject for next regular meeting will be Convulsions, as follows: Hyosc., Dr. Evans; Opium, Dr. Tyrrell; Helleborus, Dr. E. T. Adams; Apis, Dr. Emory; Nux vom., Dr. Eadie.

J. D. TYRRELL, *Secretary*.

*To John Hull, M. D., Sr., President of "The Hahnemann Club of Toronto:"*

DEAR DOCTOR:—The knowledge that you have decided to leave the home which has been yours for so many years, in which you have built up a lasting reputation as a courteous, skillful, and kind physician; in which, after long years of persevering cultivation and practice in behalf of Hahnemannian Homœopathy, you just begin to see the fruits of your labors in that cause—a small part of which is instanced in this our Hahnemann Club—we say this knowledge has filled our hearts with sadness. The true loneliness we will not fully realize until we miss your presence from our midst, miss your encouraging words, and the benefit of your knowledge and research, of which we have each and all been time and again the favored recipients.

It is afterward that we shall be able to fully appreciate our loss, but trying as our loss will personally be, to our beloved Homœopathy it will be infinitely greater. Standing almost in the presence of your departure, we feel to-night as though that loss can never be filled; that none will arise who will so faithfully and unremittingly preach and practice the truth, and it alone. May the memory of what you have ever tried to accomplish and have accomplished unite and nerve us as a society, and as humble students and practitioners of "Similia," to carry on to victory the flag you have raised, and under which you have so long, honorably, and honestly fought.

We thank you most heartily for the handsome picture of yourself, so thoughtfully and kindly presented. Hanging on the walls of our Club-room, it will be a constant reminder of our beloved President, and act as an incentive to us in our future career.

In return, we would beg your acceptance of this group picture of the Hahnemann Club of Toronto. It is but a slight token of the high esteem and love we bear toward you, and may serve



to recall to your mind some of the pleasant (and to us profitable) hours we have passed together. Though absent in body, in mind we will often be with you, and may you ever feel that the hearty good wishes of the Hahnemann Club follow and abide with you for your health, happiness, and prosperity.

Signed,

J. D. TYRRELL, *Secretary*,  
L. HAMILTON EVANS,  
E. T. ADAMS,  
W. J. HUNTER EMORY,  
A. B. EADIE.

## POST-PARTUM AND OTHER HEMORRHAGES.

### PLATINA.

#### *Characteristics.*

1. Apprehensive ; fears about recovery, coupled with fault-finding ; lachrymose, or merry, unnatural liveliness, ending in haughtiness and contempt of others.
2. Pains increase and decrease slowly and gradually.
3. During sleep lies on back ; arms over head ; thighs flexed and legs uncovered.

#### *Special indications.*

Menses too early, copious, and short lasting.

Metrorrhagia, blood very dark, thick, and tarry ; not coagulated in masses ; with pains in small of back and sacrum ; pressing pains, as if the parts would come out ; great sensitiveness of the external organs ; labor pains, interrupted by sensitiveness of vagina and vulva ; after labor so sensitive she cannot bear touch of napkin.

Nymphomania ; feels as if the limbs and body were growing large.

#### *Generalities.*

Constipation ; stool seems to adhere to anus like putty ; worse traveling ; dark-haired females, *rigid fibres* ; great inclination to violent, spasmodic yawning ; worse in evening ; worse from anger ; *worse when lying down* and while sitting, from tapeworm.

Restlessness of body ; worse on resting ; better moving ; better on and *after* rising from bed or *seat* ; better walking.

## SULPHURIC ACID.

*General characteristics.*

1. Great exhaustion.
2. Sensation of tremor all over without actual trembling.
3. Pains gradually coming, suddenly ceasing (come and go quickly—Bell. ; come and go gradually—Stann., Plat.)
4. Impatience. Nobody does anything quick enough for her. (Cham.)

*Special indications.*

Hemorrhages of black blood from all the outlets of the body.

Menses too early and too profuse, and preceded by distressing nightmare.

Oozing of dark, thin blood.

*Generalities.*

Aversion to water ; it chills the stomach unless mixed with spirit.

In injuries from being bruised or cut, especially when ecchymosed, it competes with Arnica, from which it is differentiated as follows :

## ARNICA.

Oversensitiveness to pain ;  
worse from being overhurried ;

better in open air ;  
worse in-doors.

## SULPH. ACID.

Lacks oversensitiveness ;  
can't do things quick  
enough ;

worse in open air ;  
better in room.

## STRAMONIUM.

*Characteristics.*

1. Delirium, loquacity, hallucinations, talks all the time, sings, makes verses ; hallucinations terrify the patient ; sees ghosts, bugs, or beasts running at her.
2. Aversion to water ; thirst, but inability to swallow ; unable to speak.
3. Urine suppressed with urging ; constipation, with desire for stool.

*Special indications.*

Metrorrhagia, loquacity, singing, praying, sometimes passing large coagula.

*Special indications.*

Threatened abortion, unceasing talking, singing, imploring. Excessive menstrual flow.

Menstrual flow watery; during menses loquacity and strong smell as of semen.

Nymphomania, lewd talking.

*Generalities.*

Arms agitated, lower limbs quiet.

Covers up during heat; pupils dilated.

Vision affected; fog before eyes; can't distinguish colors; double vision; shuns light but yet likes room illumined.

Aversion to water; sight of it causes spasms; can't drink, or if he can does so in a spasmodic manner; worse during perspiration; worse after sleep; worse from spirits. (Contra Sulph-ac.)

A. B. EADIE.

## CHAMOMILLA.

The grand characteristics of Chamomilla are the mental and general disposition of the patient; it is suited to hateful, vindictive natures (Nitr-ac., Calc., Natr-mur.); patient *cannot bear any one near and answers snappishly*. She becomes angry and almost furious about the pain; great impatience, everything seems to go too slowly (Sulph-ac.). Patient has frequent pressure toward uterus, like labor pains; sensation as if sacrum were being separated; frequent desire to urinate, large quantities of pale urine. Reflected tearing pains in the legs.

The hemorrhages may be convulsive (*Hyos.*, *Ipecac.*, Platina, Cinnam., Secale), intermitting (Puls.); there is profuse discharge of clotted blood with severe labor-like pains.

Metrorrhagia, even in old women, of dark, clotted blood, flowing mostly in paroxysms (black blood in a *stream*, Kreos.); much thirst; coldness of limbs. Excessive flow of dark, nearly black, *clotted*, fœtid blood (black, *liquid* fœtid, Secale), attacks of syncope. Uterine hemorrhages after abortion, in spells; contracting, out-pressing pains from back to front; worse lying in bed. Post-partum flow; through abdominal walls uterus can be felt to be contracted into little knots about the size of a walnut; redness and heat of one cheek (left) with other pale and cold (also Arn., Ignatia; red cheek cold, pale one hot, Mosch.).



## APIS MELLIFICA.

Apis mellifica is especially adapted to flooding or hemorrhages brought on or sustained by hatred or jealousy; there are usually stinging pains and great sensitiveness over abdominal tract, especially right ovary (left Vespa). Metrorrhagia, with heaviness in abdomen, syncope, restlessness, yawning, and there may be red spots like bee stings on body.

Abortion during early months, stinging pains till labor pains ensue; scanty urine, *no* thirst (reverse Cham.); profuse flow. There may be bag-like swelling *under* eyes (Kali carb., *over* eyes); general aggravation from heat, likes to kick off covers (*Secale*); pains are ameliorated by cold water (also Fluoric ac.; reverse Sil.).

J. D. TYRRELL.

## ARNICA MONTANA.

In all hemorrhages which can be traced to traumatism of any kind, such as severe falls, blows, bruises, etc., etc., Arnica is the first remedy to be thought of and should always be administered, unless symptoms call strongly for some other remedy.

This will also apply to hemorrhages following severe, protracted labors and instrumental deliveries.

Hemorrhages bright red or mixed with clots; head hot and body cool.

When patient complains of sore, bruised sensations.

Also in hemorrhages following coition.

## APOCYNUM CANNABINUM.

This remedy seems more likely to be indicated in metrorrhagias than in post-partum hemorrhages.

Very profuse flow of blood, preceded for a day or two by a moderate discharge.

Hemorrhage ceasing at intervals; always recurred when the vital powers rallied.

Blood expelled in large clots, sometimes in a fluid state.

Sudden, profuse hemorrhages during catamenia; shreds or pieces of membrane with the fluid blood.

*Metrorrhagia continuous or paroxysmal; fluid or clotted; nausea, vomiting, palpitation; pulse quick and feeble when moved; fainting when raising the head from the pillow.*

From a cold during a sleigh ride, after the catamenia had set in, menorrhagia lasting four and a-half weeks.

## BRYONIA ALBA.

*The hemorrhage is dark red and increased by the slightest movement of any part of the body, even the hand or foot or speaking ; also Sabina and Crocus sat. Crocus, however, has the dark or black stringy flow. Adapted to brunettes, dark skin, hair, and eyes, tall and slim, with firm, fleshy fibre.*

W. J. HUNTER EMORY.

## HYOSCYAMUS.

Hyoscyamus will chiefly be found indicated in post-partum and other accidental hemorrhages in women inclined to obesity, with lax muscles and skin ; to hysterical subjects, nervous, irritable, excitable, and of a sanguine temperament.

Almost invariably the brain and nerves indicate a high state of tension, oppression, or irritability. Accordingly, we commonly find a tendency to spasms and convulsions in connection with post-partum hemorrhage when this drug is the simillimum.

In fact, in my experience, the tendency to convulsions is in these cases much more alarming than the hemorrhage, which is usually a *continuous, bright red flow*, but occasionally, when convulsions are actually present, a *pale flow*.

In all cases we find a great vascular excitement.

Briefly, then, where Hyos. is indicated we shall find fullness of the veins, full pulse, and hemorrhages usually light red.

As very pertinent to this subject, I call your attention to the fact that this drug, better than any other of which I know, overcomes the ill effects induced by the inhalation of ether.

## HELONIAS DIOICA.

In cases to which this remedy is suitable we find the mind dull, gloomy, and inactive, together with a high degree of irritability, tendency to fault-finding, and a marked desire to be left severely alone.

It will generally be found useful in cases of marked general debility, lack of tone, or anæmia. I will merely suggest its probable usefulness in such lying-in patients as have suffered from albuminaria throughout their pregnancy, also to such as have been martyrs to the long list of so-called "female diseases."

In hemorrhages, occurring in these thoroughly broken-down

subjects, in whom from lack of vitality the uterus seems to have lost its contractile power and where the flow is passive, dark, coagulated, and possibly offensive, we shall probably find *Helonias* most useful.

Unfortunately, as yet, this drug has not received the thorough "proving" it deserves. So far as is now known, it gives promise of untold blessings to a suffering womanhood.

### HAMAMELIS.

*Hamamelis* is indicated in the mentally depressed, exhausted, and irritable.

It is adapted to those exhibiting a marked tendency to hemorrhage, and in whom a small loss of blood causes a great amount of prostration. Much weariness; complains of being *so tired*.

In uterine hemorrhage the *flow is steady* and slow; the blood is dark colored (venous). Absence of uterine pains; profuse discharge of dark blood.

I may be permitted to mention a characteristic symptom of this drug in general uterine hemorrhage, as it did me good service in a trying case, viz.: the flow occurs only in daytime, ceases at night. (Compare *Causticum* and *Pulsatilla*.)

Briefly, then, we shall do well to think of this remedy in patients exhibiting a hemorrhagic diathesis and where we find a passive venous flow.

EDWARD ADAMS.

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### ACONITUM.

This remedy is specially suitable to those of full habit and firm fibre. The flow is active, the patient restless, anxious, and fears she will die. Activity and force seem to be the key-notes for this drug, it being adapted generally to the early stages of any disorder, before the powers are exhausted, or the fluids or tissues are in any way disorganized. *Aconitum* would be probably more used than any other medicine were it not that in a pretty large number of cases the time for its usefulness is past and gone before we are called to see the patient. It is hardly necessary to add, that a frequent pulse, strong and full, or, if contracted, still strong and tense, is a strong indication for this remedy.



## CAULOPHYLLUM

is chiefly indicated after a hasty labor; the child seems to have been expelled too soon, so that the womb loses the pressure of its contents before the time has arrived at which its own contractive forces will suffice for stanching the flow. The premature expulsion is apparently due to weakness rather than force, or rather to a want of proper co-ordination of the contractive powers of the uterine zones, the cervical fibres being proportionally more relaxed than those of the fundus, the very opposite condition from that which prevails in some cases calling for Belladonna.

## ERIGERIA

seems to be more frequently called for in menorrhagia than in true hemorrhages. When indicated in the latter, the flow is profuse and bright red, increased by the slightest motion, kept in check to a certain extent by remaining perfectly still. The patient is pale and weak from the excessive flow, while irritation of the bladder and rectum combine to aggravate her distress.

HAMILTON EVANS, M. D.

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THE PROCEEDINGS OF THE NEW YORK HOMŒOPATHIC UNION.

The first meeting of the New York Homœopathic Union was held at the office of Dr. Edward Bayard, No. 8 West Fortieth Street, New York city, April 19th, 1888. The following circular was addressed to many physicians residing in and about the cities of New York and Brooklyn by the gentlemen whose names are appended:

NEW YORK, April 14th, 1888.

DEAR DOCTOR:—After consultation among a number of homœopathic physicians, living in New York and vicinity, it is deemed best to form an association for purposes of mutual support in the practice of our art, and especially in keeping alive the great truths promulgated by Hahnemann. The necessity of some action is apparent and needs no argument. Let us know each other not through a glass darkly, but face to face. We propose to meet at the residence of Edward Bayard, M. D., No. 8 West Fortieth Street, New York, where you are cordially invited to come, Thursday, April 19th, 1888, at eight o'clock in

the evening, organize, decide on times and places of meeting, and then *all go to work*. Will you join us?

EDWARD BAYARD,  
P. P. WELLS,  
CLARENCE WILLARD BUTLER,  
E. CARLETON.

In response the following physicians were present: Drs. E. Carleton, J. W. Thomson, J. F. Miller, B. Fincke, J. Van Evera, C. Williams, Samuel Lewis Eaton, E. Bayard, C. C. Howard, J. Finch, H. Hitchcock, B. L. B. Baylies, E. Rushmore, and Clarence Willard Butler. Communications expressing sympathy with the objects of the Society and desire for active membership were received from the following, who were unavoidably absent: Drs. P. P. Wells, Alice B. Campbell, R. Heber Bedell, and Phebe D. Brown. Dr. Carleton was chosen temporary Chairman, Dr. Butler, Secretary. Dr. Carleton briefly stated the objects of the Society to be the study of Homœopathy both in respect of its philosophy as a science and its practice as an art. Dr. Bayard spoke of the difficulty of individualization by physicians in large practice, and of the dangers that such physicians would become generalizers. If this occurs, the desire for a generalized *Materia Medica* necessarily follows, since such physicians have no time for study. The jewel Truth was only brought to light by hard work, sacrifices, and suffering. Societies with such objects as those of this Society are an imperative necessity, that these dangerous tendencies may be combated and Homœopathy preserved in its purity. It should be our endeavor to hold aloft the great light which Hahnemann separated from the darkness, and which busy and careless men are trampling in the dust. He advocated the simplest form of organization, and suggested as a name, the New York Homœopathic Union. Dr. J. W. Thomson suggested the name The New York Hahnemannian Society. Dr. B. L. B. Baylies thought that stress should be laid upon the word "Homœopathic," which covers the principal fact.

Dr. Fincke liked the name Homœopathic Union; Homœopathic, he said, was enough. The union would indicate the union of the homœopathic remedy and the dose. It is not enough that a remedy simply covers the symptoms, but it must be homœopathic to the nature of the disease as well. He then read some carefully selected extracts from the *Organon* in proof of this position. The informal meetings of earlier days, he

said, had been most valuable to him. The larger societies with their machinery had "machined" out nearly all of Homœopathy and of profitable study.

Dr. Miller said that it had been stated that the Hahnemannian homœopaths were to the great body of the homœopathic profession as one to one hundred. For this reason he favored a distinctive title for the Society.

Dr. Bayard thought that this Society had nothing to do with the practice or belief of the majority of the profession. It was organized that its members might bring to it for the mutual improvement all the good, all the truth, they could. It should fight no battles and enter into no controversies.

Dr. Howard said that only physicians who were trying to practice Homœopathy in its purity, as we are, had any right to the honorable title of homœopathists. There was no need for any other name.

Dr. Hitchcock desired to know if it was thought advisable to have a pledge and an elaborate organization.

Dr. Bayard said, "The more simple the organization the better. We want no pledge."

Dr. Fincke thought all should be welcome. If men came in who were not in sympathy with the objects of the Society, our study of the *Organon* would soon drive them away.

Dr. Thomson still thought that the title, Hahnemannian Union, as a tribute to Hahnemann, was the one which should be chosen.

Dr. Miller moved the appointment of a committee of three on permanent organization. Carried.

Drs. Miller, Rushmore, and Butler were appointed.

Dr. Miller declined to serve, and Dr. Finch was appointed in his stead. Dr. Hitchcock moved that we proceed to the study of the *Organon*. Dr. Fincke read Section 1.

Dr. Carleton asked, "Have we not a duty, as homœopathic physicians, in teaching those who say they will do anything to help their patients?"

Dr. Fincke referred to Sections 2 and 3, which he read.

The Committee on Organization then reported the Constitution and By-laws, which were accepted.

The following officers were next elected:

President, Edward Bayard, M. D.

Vice-President, B. Fincke, M. D.

Secretary and Treasurer, Clarence Willard Butler, M. D.

Dr. Finch suggested that some portion of the *Organon* be read and discussed at each meeting.



Dr. Hitchcock asked Dr. Fincke if he would not bring over his translation of the *Organon* for comparisons with those already in print. This Dr. Fincke kindly consented to do.

Section 6 of the *Organon* was then read.

Dr. Hitchcock spoke of the importance of the history to the treatment of a case. He had a case of polypus in the throat. There were no symptoms which he could elicit. The history of a patient showed a menstrual disturbance twelve years before, which should have received *Sepia*. He now gave *Sepia*, and a few doses cured the polypus within two years.

Dr. Butler thought that the pathological anatomy should be studied more carefully with reference to therapeutics. From the nature of the case few provings would ever be pushed far enough to produce tissue change; but clinical experience would add valuable symptoms to our *armamentum medicorum* in this field, as it had in the purely subjective. The totality of the symptoms must include these tissue changes, and the more we know of them as indicators for drug exhibition, the greater our resources.

Dr. Thomson did not think these would ever have other than diagnostic or prognostic value.

Dr. Butler—They will always be secondary to the subjective symptoms, because less peculiar and uncommon.

Dr. Van Evera said that we know that drugs can produce such symptoms, and they must certainly be within the range of curative action of such drugs when arising from other causes.

Dr. Carleton warned against mere symptom covering, without careful examination, especially for the mechanical causes of disease. When these exist their removal will prove the only proper treatment. He instanced cystitis, dependent upon the presence of calculi in the bladder, and the many uterine symptoms which were frequently, promptly, and radically removed by operating for the laceration of the cervix, which was indirectly their cause.

Dr. Fincke called attention to the favorable results in the after treatment of surgical cases from homœopathic medication.

Dr. Bayard spoke of the possibility of cure of diseased conditions in their earlier manifestations which otherwise would eventually demand surgical treatment.

Dr. Fincke mentioned the case of a man who was poisoned by sumach, and suffered for a long time with symptoms referred to the urinary apparatus. He eventually passed a large calculus.

Dr. Thomson said that disease often takes on that type which had been prominent in the patient's ancestors.

Dr. Bayard related the case of a man who, after exposure, had most violent earache. The pain was very acute, was in and behind the ear, running down behind the neck, with much throbbing. He confessed with such a severe case he hesitated to trust to the common dandelion, but did, and *Taraxacum* cured brilliantly. He took occasion now to say that he thought it an honor to be made President of the New York Homœopathic Union. He believed that the Society had profitable work to do, and would do it. He suggested that each member bring his copy of the *Organon* to the meetings.

The study of the *Organon* for the next meeting will be Sections 5, 6, and 7.

Dr. Baylies referred to the repetition of doses, and said that he did not consider repetition of doses without intermediate examination of the patient homœopathic.

Dr. Bayard thought that in acute cases, where the direct action of the morbid force was strong and rapid, repetition was necessary.

Dr. Thomson agreed, and instanced a case where the patient, an old lady, was very suddenly taken very severely ill, and where the indicated remedy relieved in frequently repeated doses. He stated that in such cases he *had* to repeat frequently.

Drs. Finch and Butler could not understand how he knew that he must repeat if he had not tried the single dose.

Dr. Baylies instanced cases where a single dose of a high potency was followed by sharp aggravation, later by speedy recovery.

Dr. Butler advocated trying the single dose first; then a repetition of doses later if examination showed the remedy was well chosen and satisfactory results had not followed the single dose.

Dr. Hitchcock reported the following case as illustrating the rapidity of action of the well chosen remedy: Severe neuralgia of head and eye, worse on the right side; shooting pains with relief from heat. *Magn-phos.<sup>cm</sup>*, one dose, relieved entirely in five minutes.

Dr. Baylies stated as his conviction that the single dose was especially indicated in treating cases of chills and fever. He also told of a case of diphtheria which had been cured by a single dose of *Lac-caninum*.

Dr. Bayard stated that the late Dr. Reissig was the discoverer of the value of *Lac-caninum*. Also that Dr. Reissig had a

theory that substances which were easily digested and nutritious in large quantities, were very powerful poisons when triturated or potentized, that is, very minutely divided by these means. He had used potentized beef in small-pox with wonderful results. Dr. Bayard once recommended its use to a medical man in Boston, who gave it in frequently repeated doses of the 30th with the most terrible aggravation. Dr. Reissig made provings of these substances and used them in the true homœopathic way. The oyster was another of his remedies, one which he found useful in scrofulous cases. The potentized oyster, Dr. Bayard said, was the vilest smelling stuff he had ever encountered. Dr. Bayard paid a high tribute to Dr. Reissig's attainments both as a scientist and as a gentleman. Dr. Reissig, he said, was not a secretive man, but was sensitive, and did not publish either his provings or his cures, because he thought the profession was not yet ready for them.

Adjourned at 10.40 P. M.

CLARENCE WILLARD BUTLER,  
*Secretary.*

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## TEXAS HOMŒOPATHIC MEDICAL SOCIETY.

The fifth annual session of the Texas Homœopathic Society met at Dallas, May 1st. The attendance was small, but those present showed they were alive and active. The meeting was called to order at eleven A. M. by the President, S. W. Cohen, M. D., of Waco.

Rev. C. I. Scofield, of the First Congregational Church, of Dallas, opened the convention with prayer.

The roll-call by the Secretary and numerous letters and telegrams of regret received from various portions of the State revealed the fact that only a fraction of the members was to be present. However, those who were present strove to make up the deficiencies, and proceeded to business in an earnest manner.

An address of welcome, from Dr. W. S. Lee, of Dallas, was read by the Secretary, in which was detailed briefly the pioneer work of Homœopathy in Dallas.

The Society returned a resolution of thanks to Dr. Lee, which embodied expressions of the kindest, fraternal feeling for the Doctor as the pioneer in this portion of the State, and sympathy was extended him in his present inactive condition, trusting that



he may be speedily restored to his wonted health and usefulness.

The day was occupied chiefly in routine business of considerable interest to physicians.

President Cohen presented a series of recommendations to the Association for their consideration, one of chief interest to the profession and laity referring to medical legislation.

In the afternoon the President delivered his annual address, which was received with marked interest by the members present, and a vote of thanks was tendered him.

The work of the bureaus was taken up, and interesting papers were read by various members on the following subjects: "Materia Medica," "Theory and Practice," "Obstetrics," "Gynecology," "Pædology," "Surgery," and "Institutes of Homœopathy."

The officers elected were as follows: President, F. Hines, M. D., Corsicana; First Vice-President, Dr. Edwards, of Blanco; Second Vice-President, G. W. Sherbino, M. D., Abilene; Secretary, G. G. Clifford, of San Antonio; Treasurer, W. F. Thacker, M. D., Dallas. The Society will hold its next session at Fort Worth, beginning on the second Tuesday of May, 1889.

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### CLINICAL VERIFICATIONS.

Mr. H. G. A. (grandson of General Gates, of Revolutionary fame), age fifty-six, came to me with dropsy of six months standing. Legs, feet, abdomen very much swollen, œdematous. Could scarcely put on his shoes, which were usually full large. Scrotum much swollen, watery appearance. Could not button waistband by three inches. I gave him empirically *Apocynum* can., on which he was kept in various doses and potencies for two weeks with only unsatisfactory results. I then concluded this was not Homœopathy, and took a careful statement of his symptoms, which I found to be as follows:

Gnawing hunger early in the morning before breakfast, relieved by eating. Feels full and bloated after eating. Loud eructations of tasteless gas for half an hour at a time, which relieve. Thirst for large quantities of water frequently. Rumbling of wind in the bowels. Diarrhœa of foul-smelling stools, rushing him out; can scarcely reach the water-closet. Seldom and scanty passage of high-colored urine, leaving red sediment in vessel which is difficult to wash out. It is unnecessary to say that *Lycopodium* was the remedy. March 16th, 1887, *Lycop.*<sup>m</sup> one dose a day. In one week he reported: Every

vestige of dropsy was gone. Said he had been passing a gallon of water a day, had a good appetite, and felt better than for two years, and remains well at the present time. An allopathic physician offered to bet fifty dollars that he would die, and if I had not changed my prescription the bet would have been won. My first prescription was for the disease (diagnosed as Bright's by above mentioned allopath), the second for the patient.

Mrs. S., age twenty-seven, married, mother of children, quite fleshy. Has terrible paroxysms of cramping, aching, burning pains, commencing in right ovary and extending to the left side and lower part of abdomen (uterus); last from two to six hours. Not relieved by any position or application, but aggravated by hot (wet) applications. Great soreness all through pelvic cavity after attacks pass off. General symptoms: rumbling in abdomen; bloating, fullness in bowels not relieved by eructations, but better from emissions of flatus and rubbing. Pain in right ovary running down the limb. Urine looks like strong coffee, and at times blood red; *sensation in stomach as if everything were swinging back and forth*. The last symptom, which is very peculiar, I could find only under *Lycopodium*, and as it covered the remaining symptoms I gave one dose 71m dry on the tongue.

In about a week reported better. Above-mentioned symptoms and conditions all subsided. Had only one more attack of ovaritis and that was light. In about two weeks again reported, and here follows the key to the case: About a year ago she had an ulcer in the vagina and an excoriating leucorrhœa. The ulcer was cured (?) by the local application of Carbolic acid, and the leucorrhœa by daily injections of *Hydrastis*. Both the ulcer and the leucorrhœa disappeared, to be followed by the ovaritis and the cramps. I found now an ulcer on the left labium major externally. Patient says (I made no examination), ulcer two inches long, covered with dirty yellow pus, edges hard, sensation as of needles sticking in the edge, especially at night; beating and throbbing at night so she cannot sleep. Other symptoms: Leucorrhœa acrid, excoriating, profuse, thick, yellow, sometimes putrid, flows more when walking. Itching of pudendum by scratching. Pain in sacral region. Vertigo passing off by closing the eyes. Great desire for fat meat, pork especially, after eating which the ulcer pains more severely. Left hand "goes to sleep" when resting it quietly, and also night in bed. All these symptoms are found under Nitric acid, and Nitric acid<sup>m</sup> one dose cured the ulcer and the leucorrhœa.

H. C. MORROW.

## REPORT OF A FEW CASES TERMINATING SUCCESSFULLY UNDER THE ADMINISTRATION OF THE HIGHER POTENCIES.

J. B. GARRISON, M. D., NEW YORK.

MR. PRESIDENT, GENTLEMEN OF THE N. Y. S. M. S. I.: In bringing before you a report of some cases which have had a fortunate termination while taking the prescribed remedy in the thirtieth potency or higher, I do not intend to claim that *any particular* potency possesses in itself all warrant of favor, but to give you some of my small experience, and trust it may bring out a discussion beneficial to us all.

In March, 1882, after receiving at the hands of my *Alma Mater* the long-coveted sheepskin, I went to my father's home in the country for a short rest and visit, prior to opening an office for myself.

As in country places generally the advent of a new doctor speedily becomes the subject of gossip, this proved no exception, and I was very soon called upon by neighboring families to prescribe for many minor ailments.

The case which I am about to relate possesses considerable interest, especially from the fact of the drug aggravation made apparent, together with the ultimate relief of all the symptoms.

### CASE I.

R. H., sixty, farmer, fully six feet tall; slender and having a decided stoop; temperament, nervous. Health had been poor for many years. Four months previously had a severe attack of what the attending physician, an allopath, had termed neuralgia of the heart, and had controlled the pain entirely by the use of Morphine, hypodermically administered. Was long time recovering—in fact, he has never been quite so well since. Says life has become a burden, as he can get no sleep of a restful nature at all. Sleeps for a short time only, during which he constantly tosses about; then wakens feeling sore and tired all over, and must get up and sit in a chair for a few minutes, then to bed again; and this over and over all night.

Food does not seem to disagree, he says, except salt fish, which he cannot tolerate at all; but he has an all-gone feeling, becoming worse as digestion proceeds, and which is somewhat alleviated after a meal.



The right heart was considerably enlarged, the superior thirds of both lungs, notably the left, were consolidated, and there was a constant tickling at the throat pit, causing a desire to cough, which, however, only resulted in a little white, frothy sputa being raised with a hacking which made his chest more sore. The liver was enlarged downward about two inches, but was not sensitive to the touch.

Shortness of breathing upon the least exertion, together with tumultuous beating of the heart; sensation of constriction across the chest; soreness to the touch of the left subclavicular space.

I had not forgotten the wonderful virtues attributed by Professor Allen, in his lectures on "*Materia Medica*" to the 200th potency, and I decided here to try it, and, therefore, prescribed the 200th of Phosphorus. I had none, but procured some of Dr. Dunham's preparation from Smith's pharmacy.

My eagerness to cure the case rapidly led me to forget the single dose, and I gave him a package of powders, with directions to take four each day. This was April 4th. He took one powder that afternoon and passed his usual restless night. On the 5th he took one pulv. early in the morning, another at ten A. M., another at three P. M., and lo! instead of improving his condition, as he had hoped, he became worse with each dose, and declared he would take no more until he had seen me.

He could not remain quietly in the house; he was too nervous for that. The weight upon his chest became unbearable when he attempted to walk about, and he panted for breath. It seemed to him as if he must die.

About six P. M. he laid down and slept about half an hour, then took a light tea, and before eight o'clock went to bed, and when he awoke, to his utmost surprise, it was morning, and he had, for the first time in two years, slept all night and awakened feeling rested in the morning.

In the meantime I had been sent for, but being away from home did not see him until the 10th inst., when, upon entering his house, he called out: "Well, Doctor, I am much better than you expected, I guess." He had taken no medicine since the 5th, had slept every night, and was expectorating freely of a yellowish matter, sometimes mixed with blood, and felt much improved in every way. He remarked to me that he ought to have told me that he could not stand strong medicines.

I gave him Sac. Lac., three powders each day, and left one powder of the Phos.<sup>ce</sup> to be taken on the 12th, which he did with a slight aggravation, which, however, soon passed away.

I saw him again on the 24th, and he was feeling improved in every respect.

He took one more powder of the 200th on the 26th, being all the medicine he received, and on the 15th of May his cough had all ceased, his breathing had become easy, and he had resumed work upon his farm, and he declared himself as well as he had been twenty years ago.

Here was a case in which the medicine unquestionably caused decided aggravation, the patient having no idea what was being given, but felt that each dose was doing him an injury, improvement setting in at once upon stopping the administration of it. He continued perfectly comfortable until one day, after running for about half a mile to meet a coming train, he died suddenly of syncope.

## CASE II.

Mr. A. M., ship chandler, æt. forty, presented himself at my office October 29th, 1884, saying he had some soreness about the rectum, which he desired me to attend to. Upon examination I found a complete fistula in ano, the probe entering about half inch to the left of the anus and entering the rectum just below the internal sphincter.

Upon informing him as to the nature of his case, he said he was aware of it, and had been advised by other doctors to submit to an operation, and said he had come to me as he had been told that the homœopaths could cure him with medicine, and that he could not well afford to be away from his business.

I replied that such cures were unquestionably made, and that I would be very glad to try and cure him. He said he felt weak, and there were stitches through the rectum and a constant, slight discharge, and he generally noticed a drop or two of bloody pus upon the sheet in the morning.

Gave him *Silicea*<sup>o</sup>, one dose morning and night, and to report in two weeks. At the end of that time he came and said he felt generally improved, felt stronger, and that the pus was no longer bloody.

Continued same.

In two weeks more he came and reported progress. Once each month thereafter he had his prescription refilled, but I did not see him again until the following March, when he came in one Sunday and asked me if I could not perform an operation for the radical cure of the fistula the next week, as he was tired of waiting for medicine to cure him. I offered to examine him then, but he was in a hurry and could not wait. The next

Sunday he came, and placing him for examination, attempted to pass the probe, but there was, to his great surprise and my infinite delight, no fistula to probe, but only a minute granulating surface which entirely healed in a few days and has remained so ever since.

Did the medicine cure him, or was it a spontaneous cure?

During the whole time of treatment he continued at his business, which was extremely laborious at times, and was often forced to make twenty hours a day's work.

### CASE III.

Mr. S., forty years old, Wall Street business man, nervous temperament. Disease: intermittent fever. I had been treating the wife and children of this gentleman for some time, as he considered Homœopathy good enough for women and children, but for himself he wanted medicine. For nearly two years he had had frequent attacks of chills and fever, which were as often suppressed by Quinine, and each time returning with more violence than before.

On the 4th of December, '85, I was surprised by a call to come and see him at once, as he was very ill. To his daughter, who brought the message, I said it would be of little use to see her father, as he would not take my medicine as I should desire him to, but she answered that he was tired of his doctor, and meant to try Homœopathy, as it couldn't do worse than allopathy had for him. As soon as possible I presented myself at his bedside and found him just emerging from a severe chill, which had lasted for about two hours. An old lady who was visiting there had prepared some Acon. in water, and had been giving it every half hour since the chill began. A burning heat succeeded the chill, and that was followed by a profuse perspiration. During the chill he complained of a terrible pain in the stomach, and had much nausea, with vomiting of a large quantity of bile. On account of the large amount of drugs he had taken lately (he had seven different varieties that he was taking every other day) I prescribed, after the paroxysm was over, *Nux vom.*<sup>30</sup>, a powder every six hours. The next day he felt dull, but not so badly, he said, as after a paroxysm which had been suppressed by Quinine. I said to him then that I should be glad to try to cure him, but I would only consent to make the attempt upon his promise to abide by my treatment, which should be by means of homœopathic medicines alone. He agreed to submit to any treatment I might deem proper. I continued the *Nux vom.*<sup>30</sup> every six hours.



December 6th.—Chill came in about half an hour later, but with same symptoms. R, Nux.<sup>30</sup>

December 7th.—No chill, but feels dull. Woke at four A. M. No sleep since. R, same.

December 8th.—Chill came earlier to-day with the same stomach pains and great yawning and stretching. The heat was the most prominent symptom; was continually thirsty, but wanted only small quantities of water. He begged to have some Quinine, but I refused and prepared some S. L. powders, which he took until the paroxysm subsided, and then gave him Arsen.<sup>30</sup> every two hours.

December 9th.—This is his off day, and he feels much better.

December 10th.—Chill anticipated but much lighter. R, same.

December 11th.—Had a good night's rest, and feels somewhat encouraged.

December 12th.—Chill still anticipated but no pain in the stomach of any account, which greatly pleased him.

December 13th.—Feels pretty fair but dreads to-morrow. R, same.

December 14th.—Chill again about same as last. R, Ars.<sup>30</sup>

December 15th.—Slept pretty well but feels badly: wonders how soon the chills will cease coming. I wonder too, but I tell him he must be patient.

December 16th.—Chill short, followed by long fever. R, Ars.<sup>30</sup>

December 17th.—Has constant desire for stool, but can't accomplish anything. Is very irritable. R, Nux.<sup>30</sup>

December 18th.—Chill anticipated three hours but was light; much apprehension; some pain in pit of stomach during the chill. R, Nux.<sup>30</sup>

December 19th.—Feels languid, wants to have one dose of Quinine.

December 20th.—Chill again same as last time; chill short, only wants to hover over the fire, heat long; no sweat. Everything has a burning taste. Water seems to generate gas. Eructations of tasteless gas. R, Ars.<sup>200</sup>

December 21st.—Feels best of any off day he has had. R, Ars.<sup>200</sup>

December 22d.—Chill very light, came one and a half hours later. I now began to see a ray of hope. R, Ars.<sup>200</sup>

December 23d.—Appetite much improved, feels better every way. R, Ars.<sup>200</sup>

December 24th.—Much annoyed by incarcerated flatulence. Lycop.<sup>30</sup>

December 26th.—Did not see him yesterday, as was out of town, but chill was very slight indeed. R, Ars.<sup>200</sup>

December 27th.—Paroxysm scarcely noticeable. R, Ars.<sup>200</sup>

December 28th.—Only trouble is the flatulence. Better every other way. Lycop.<sup>30</sup>

December 29th.—Felt in the morning as if chill was coming on, but it did not appear. Felt quite well by evening. Ars.<sup>200</sup>

December 30th.—Found him dressed in his best and on the street, about starting to go to his office, but I persuaded him not to do so. He took a short walk and came back to his home feeling much stronger.

After this he steadily improved without any chills from then up to the present time, and only an occasional dose of the remedy, and now swears by Homœopathy. Here was a case that had been steadily growing worse in spite of Quinine, Iron, Nux vom. in large doses, Fowler's solution of Arsenic, etc., cured by what seems to be no medicine at all, and permanently cured, for he at once went to his office and has continued to work and feel well ever since. Would I have cured him quicker had I given him lower potencies, or did I repeat the higher ones too frequently?

#### CASE IV.

The last case I shall trouble you to listen to is what might be termed a long-distance cure.

An old Irishwoman, who was in the habit of coming frequently to my office for treatment, said to me one day after I had prescribed for her, that her sister was sick at her house with chills and fever, and wanted me to send her some medicine. I replied that I did not make it a practice to prescribe for unseen patients. She said, "She is too sick to come to-day, and you'd be chargin' double the price if you came to the house, and I can tell you just how she is, and here's the money;" so, on her promise to have her sister come in a day or two, I told her to give me the symptoms.

She was a servant, had lived along the Sound for many years, and had had chills and fever, more or less, for the last dozen years. For two years past had taken Quinine almost every day; for the past week had a severe chill every other day with long heat and no sweat. Feared she was going to die. Restless, always worse after midnight. Very thirsty, but would only take enough water to moisten her lips.

I gave her six powders of Arsen.<sup>30</sup> and told her to dissolve a powder in six tablespoonfuls of water and give one teaspoonful every two hours.

About three months after this, the old woman again presented herself at my office, and I asked her why her sister never came as she promised. "Ah! Doctor," said she, "those powders was the great stuff indeed; she took them and has never had another chill since, and is working as well as ever, and don't need any doctor at all."

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### RHUS RAD. VERSUS RHUS TOX.

PHOENIXVILLE, PA., May 3d, 1888.

EDITORS HOMŒOPATHIC PHYSICIAN: In reading the discussion of Rhus rad. and Rhus tox. by the members of the "Syracuse Hahnemannian Club" I find cause for dissent. Dr. Seward unequivocally declares nature to be unable to correct or eradicate the symptoms due to Rhus rad. poisoning. This is certainly a mistake, as I know from observation and much painful personal experience.

I do not know of any case that will illustrate the matter better than my own. I am extremely susceptible to the action of Rhus rad., the wind blowing over the growing plant in the early morning being sufficient to cause me intolerable suffering. When a boy I was often exposed and suffered accordingly, and received the crudest kind of local treatment, and yet always convalesced, with crop of furuncles, and I could cite scores of other instances of perfect recovery without any treatment.

And now to dissent again. Dr. Hooker says the poison is carried by the hands "to the face and genitals." This is another mistake which painful personal experience enables me to correct. Once the drug has affected the system, it then shows its affinity for the face, especially the orbital region and the sexual organs, in spite of the greatest care to avoid spreading it by contact with the hands. I have been blind for days and my penis and scrotum have been swollen as large as my head and the color of a boiled lobster, and all this after carefully washing my hands in ammonia water and absolutely not allowing my hands to come in contact with my face or sexual organs until after symptoms had manifested themselves there. This way of studying Rhus rad. has made an indelible impression on my memory.

ROBERT FARLEY, M. D.



## A CASE OF CHRONIC SULPHUR POISONING.

(Dr. Eichbaum, Leipzig, in *Berl. Klin. Wochenschrift*, 42, 1887.)

R., thirty-seven years old, healthy, not weighed down by neuro-pathic heredity, well developed and well nourished, complains for some time that he can neither stand nor walk without reeling. The color of his face is pale and sallow; forehead covered with sweat; the pupils, wide, staring, do not react to light, nor to cutaneous irritation; mobility of eye natural; tongue is put out straight, trembles somewhat, and is heavy coated; not a trace of paralysis, neither in face nor extremities; sounds of the heart dull but regular, no enlargement; lungs and other organs normal; pulse 124, very small; temperature of body rather diminished; head is carried rather backward and to the right, and the muscles of the right side of the neck feel hard and tense, especially the superficial ones; occipital headache, nausea, and oppression of chest; sensitive to least pressure in gastric region; headache was his complaint for years, exacerbating at irregular intervals; always with sensation of vertigo, nausea; spasmodic stiffness, followed by sensation of weakness of the muscles of the right side of the neck; bowels move rather frequently.

Patient has used for the last two years, on account of excessive dandruff, a pomade of vasaline 100, wax 5, flor. sulphur 10, ol. rosarum a few drops. This pomade was used every other day. Under the action of fat and heat the sulphur is decomposed, sulphuretted hydrogen entering the body through the scalp and by breathing, and the whole known symptoms of its chronic poisoning are headache, vertigo, paleness of face, frequent weak pulse, nausea, colic, and diarrhœa. The sulphuretted hydrogen acts on the blood by the central nervous system. Its action on the latter also explains the clonic-tonic spasms of the muscles of the right side of the neck, and the dilatation and loss of reaction of the pupil. Hot baths, fresh air, and removal of the cause soon relieved him of all his complaints.

The case verifies again every symptom of the patient and found in the provings of this great polycrest. Thus Allen, IX, gives: 129, long continued giddy confusion of the whole head; 154, vertigo while walking, like reeling; 158, vertigo while walking in the open air (after supper), she did not dare to stoop nor to look down; 392, weight and hot feeling in occiput; 404, drawing, aching pain in the occiput to the nape, at night pressive pain in occiput; 410, pulsating in left side of occiput, that at

last changes to a jerking; 420, for many years scaliness of scalp, so that a large quantity covered his clothing. After taking Sulphur: 630, remarkable dilatation of pupils, distortion of left pupil; 850, complexion showed a remarkable change—it had a dirty, earthy appearance; 1020, coated tongue, thickly furred; 1039, convulsive shooting in tip of tongue; 1061, mouth dry, insipid, and sticky; 1377, nausea every morning, to faintness; 1441, epigastric region extremely painful to touch; 1622, rumbling and gurgling in abdomen; 1701, griping in bowels, followed soon by a liquid motion, whereupon the pain ceased; 1747, colic before every stool; 2410, oppression of chest, with inclination to breathe deeply; 2598, bruised pain in the muscles of the spine, pressive pain in the back beneath the scapulæ; 2594, pain as from a sprain in the right scapula; 2598, a very large symptom, like that of R., closing; close to the right scapula an aching, tensive pain, as if the muscles were too short.

Dear Doctor! Every verification has its own value, and here every symptom of the patient is verified in the proving, upholding fully the great value of our law, without going deeply into chemical abstractions, although many authors affirm that the action of Sulphur consists in its decomposition to sulphuretted hydrogen, for our provings give us fetid flatulence and diarrhœac stools smelling like rotten eggs. But how is it with the decomposition when a high potency of Sulphur (microscopically a myth) removes the symptoms in the body and from the body, which in the proving was caused by a low potency, or the mother tincture, or even by the crude drug?

S. L.

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## A CASE OF SUPPRESSED GONORRHOEA.

E. W. BERRIDGE, M. D., LONDON.

April 16th, 1887, I was consulted by a colleague about one of his patients, a man about thirty or thirty-five years of age. The history of the case is as follows: Twenty-four days ago gonorrhœa appeared, after an impure coitus five or six days previously. It was his first attack. His physician treated him with low potencies, which relieved the acute symptoms. On April 8th he got chilled during a walk without an overcoat, the weather being cold; this suppressed the discharge and caused swelling and pain in the left testis. On April 15th, as his bowels had not acted for three days, his physician gave him a dose of Castor oil. This operated several times, but caused him

to again catch cold when at the closet. Since eight A. M. this morning he has been in dreadful pain. His physician gave him a low potency of *Belladonna*, which was "like so much water on a duck's back." So in the afternoon he asked me to see the patient with him. I saw him between seven and eight P. M., and found him in the following condition : Since eight A. M. paroxysms of most intense pain, which have increased till the present time. The paroxysms come on about every ten minutes ; the pain is most intense, making him writhe, groan, and weep, and grasp the bedposts tightly. He is a strong man, who knows what severe pain is and can bear it well, but he says he never felt anything like this. The pain begins in left iliac region and extends to left groin and half-way down front of left thigh. It is as if a fluid were forcing its way there, something like an injection, and it ends in a sudden pain in anterior part of middle of left thigh, as from a jagged knife. Between the paroxysms there is throbbing in different parts of left groin and front of left thigh ; left inguinal gland enlarged and tender ; left testis swollen ; scarcely any discharge. Before the paroxysms come on he had a dull pain, extending from left iliac region to left mid-thigh, with frequent digs in various parts thereof. This pain he has still, but it is nothing compared to the paroxysms ; tongue white ; pulse quick.

#### DIAGNOSIS OF THE REMEDY.

Taking the characteristic pain of the paroxysms, three medicines were indicated for study—*Coccus cacti*, *Glonoine*, and *Opium*.

*Opium* has "sensation as if some liquid were moving up and down in left thigh."

*Glonoine* has "gradually increasing pressure from forehead toward vertex, as if a liquid were being pressed upward from root of nose and forced at the back through *sinus longitudinalis* with constantly increasing force. This pressure grows so severe that a general perspiration breaks out, with redness of the face and great anxiety."

*Coccus cacti* has "violent, raging pain, extending from right eye along squamous portion of temporal bone on its inner side to occiput. It seems as though a fluid were injected paroxysmally into a small blood vessel."

Of these three remedies *Opium* was rejected, as the symptom is evidently a painless sensation. The *Glonoine* symptom does not show the paroxysmal character of the pain, and its concomi-



tants were absent in the patient. *Coccus cacti* has this feature in a marked degree, and, moreover, has produced "burrowing tensive, dragging, and drawing pain in hypochondriac, pubic, and inguinal regions."

I dissolved a few pellets of *Coccus cacti*<sup>sm</sup> (Fincke) in a glass of water, gave him a spoonful, and told him to take a spoonful every hour till decidedly better, then every two hours. The first dose was taken about seven P. M.

April 17th, eleven A. M.—Says the action of the medicine was wonderful, though when he saw me dissolve the pellets he felt that it could do no good, and that he must have Chloroform. Allopathic physicians had always told him that in severe pain nothing but Morphine or anæsthetics can relieve promptly (some pseudo-homœopaths say so too). He now tells me that after the first dose the paroxysms continued to increase in severity and frequency for about an hour, then for the next hour after the second dose at longer intervals of about fifteen minutes. About nine P. M., after third dose, the paroxysms ceased, and did not return, except about fifteen minutes past two A. M.; has only slept from three A. M. to seven A. M.; scarcely any discharge; has taken the medicine every hour when awake; once he waited one hour and a half, but the constant pain (not the paroxysms) began to increase, and he also felt it worse after the four hours sleep, apparently from want of the medicine. He has now occasional acute pain in groin and dull pain in thigh; inguinal gland less tender; tongue less white; pulse slower; he feels altogether much better and is astonished at the result. So was also his former physician, and his countenance, when I told him the potency given, was an interesting study. He paid me the high compliment of asking me to take the case into my own hands, which I did, and continued the medicine every three hours.

April 18th, nine A. M.—Says that last night and the night before, as soon as he turned on to his left side the wind seemed to collect in a ball in left groin and roll over to right abdomen, and then pass away by the bowels. Yesterday he felt free from severe pain till quarter to seven P. M.; felt generally better in the morning, but had a few twinges of pain in the afternoon. Since quarter to seven P. M. has had the constant pain with a varying degree of acuteness, but no paroxysms except one severe one at quarter to seven P. M. and two more lesser ones before eight P. M. Has had no return of the "fluid" pain, except a little in the first of these three paroxysms. Has had snatches of sleep during night, discharge returning. The pain

is now the same dull pain from left iliac region to mid-thigh, with frequent digs in various spots thereof, just as it was before the paroxysms came on, only less severe; he has had this since quarter to seven P. M. He took the medicine every two or three hours till quarter to seven P. M., and since then every hour while awake. As an aggravation of the symptoms seemed to have commenced I stopped the medicine.

April 19th, nine A. M.—Pain remained about the same yesterday morning till after one P. M.; then the excitement of some legal business increased the pains till about six P. M., when he became easier again. Had a good night, sleeping about seven hours. To-day he feels wonderfully easier—"happiness itself;" can hardly believe it. This morning he can stretch the leg out, which he could not before. Rather more discharge. Left testis still swollen.

April 20th, nine P. M.—Yesterday the excitement of legal business again brought on the dull pain from six P. M. to four A. M., but to-day it has not troubled him much. Testis still swelled. Discharge considerably increased. Has had no stool for six days and has a cough, just as he had the last time he was constipated. I gave him an enema of warm water, which acted very profusely in about fifteen minutes.

April 21st, nine A. M.—He had a fair night, with very little pain. Discharge ceased. Testis smaller, and no longer tender. Still pain in groin and thigh, but much less than yesterday.

April 23d.—Has slept very well. Only a little pain for the last two days at the end of urination. Contractive pain all around lower abdomen, groins, and upper thighs, all around in a circle. Scarcely any discharge. Testis smaller and without tenderness.

April 26th.—Reports that pain has not returned since the morning of 24th, except a very little while walking. Slight discharge. Scarcely any swelling of testis. Sleeps well.

May 6th.—Writes to say that he is quite well, and has been at work in his office for the last four days.

COMMENTS.—1. The peculiar "fluid" pain occurred in the patient in the abdominal and femoral regions, but was cured by a remedy producing a similar pain in the head. When a medicine possesses the property of producing a very peculiar sensation in one part, it will often cure it when occurring in other parts, as I have several times verified. This shows the value of Hering's *Guiding Symptoms*, where a special rubric is devoted to "sensations." The same feature should be found in a good Repertory.

2. This case also demonstrates the fallacy of the doctrine that in very severe pain narcotics and anæsthetics must sometimes be administered. *Similia similibus curantur* is not a mere rule of practice, not even only "the method of Hahnemann," but a *law of nature*, and therefore infallible. *Hæmanum est errare*, and we are unfortunately not infallible in applying it; but should any one feel it necessary to resort to allopathic palliations, he should be honest, and lay the blame on his own want of knowledge, and not accuse Homœopathy of imperfections, nor falsely slander those who hasten to the defense of their beloved science and art.

3. The case also verifies Hahnemann's latest teaching that in many cases a repetition of the dose is essential. Improvement did not commence till after the second dose, nor was it marked till after the third. Had I only given one dose, and after waiting fifteen minutes concluded that Homœopathy had failed, though the simillimum had been given, and resorted to Chloroform, I should have committed a fatal error; and the error would have been nearly as great if I had concluded that the potency was too high and resorted to a lower one.

4. The error of the pathological school is also illustrated. This school maintains that a pathological similarity is the *ne plus ultra* of scientific therapeutics, and that we should only resort to semiological indications as a *dernier resort*, when our pathological knowledge is incomplete. Hence they regard the objective symptoms as of more importance than the subjective. But their arguments fail in this case. *Coccus* has not yet produced the pathological condition called gonorrhœa; and yet it cured, because it corresponded closely to the subjective symptoms. Very likely it has the power of producing gonorrhœa; but when we find that discharge recorded in provings shall we be able to prescribe any more efficaciously, or will that alone distinguish it from other remedies producing the discharge?

5. The great difference between Homœopathy and isopathy is that the former individualizes, while the latter generalizes. Under the principle of isopathy I should have given *Medorrhinum*, even though its voluminous provings do not contain the characteristic symptoms of the case. *Medorrhinum* has cured gonorrhœa *when the subjective symptoms of the patient corresponded with those of the provings*, but in other cases it has failed.

It has been argued by an able, though somewhat hasty and eccentric convert from allopathy, that "before any one could select *Syphilinum* with safety and with certainty, he must be first able to recognize syphilis in all its forms, and be able to



differentiate between it and psora." In other words, *Syphilinum* will cure uncomplicated syphilis, but when complicated other (antipsoric) remedies will be necessary. But, at the risk of offending the writer, who, I know, does not like to be contradicted or to have his *dictum* called in question, I maintain that to diagnose complicated from uncomplicated syphilis is often an impossibility. In fact, I very much doubt whether, in the present diseased condition of the human race, any case be absolutely uncomplicated. The only scientific way to prescribe the nosodes is to prove them on healthy persons and to administer them to the sick according to such provings. If a nosode is indicated by the similarity of symptoms it will cure (or if a cure be impossible it will relieve), whether the patient be suffering from the "disease" from which the nosodes were taken or not; whether the "disease" be complicated or uncomplicated.

Always the *Law: Similia similibus curantur.*

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## CROTON TIGLIUM.

(Read before Hahnemannian Association of Pennsylvania.)

Croton oil is expressed from the seeds of the croton tiglium, a plant which belongs to the family of the Euphorbiacæ. In the same family is found the *Ricinus coni.*, from which is prepared the Castor oil with which, doubtless, many of us have made unpleasant acquaintance in the course of practice. Given in crude doses of from one to ten gtt. internally it produces violent purging. In large doses it produces violent vomiting, collapse, and death, the symptoms strongly resembling those of Asiatic cholera, or, if the patient survives, he suffers from chronic gastro-enteritis. Its local action upon application to the skin speedily produces a copious eruption of pustules, accompanied with great pain and burning. Epigastric pain, soreness of the eyes, and swelling of the face have been observed to follow the inhalation of the dust in those who have to do much handling of the seeds.

Its range of action as a therapeutic agent is rather limited, being confined mostly to affections of the skin and mucous membranes, particularly to the mucous membrane of the intestinal tract. It has consequently proved particularly effective, when indicated, in diseases which manifest their morbid influence most distinctly upon the intestinal tract, *e. g.*, cholera infantum, cholera, diarrhœa, dysentery etc., or upon the skin when accompanied by the characteristic indications which call for this

remedy, *e. g.*, crusta lactea, ecthyma, eczema, erythema, herpes, impetigo, itch, pruritis, erysipelas, Rhus poisoning, etc., especially in diseases which take on a vesicular or pustular form. It is also useful when indicated by its characteristic symptom, in diseases of the mucous membrane elsewhere than in the intestinal tract, *e. g.*, blepharitis, keratitis, ulceration of the cornea ophthalmia (glaucoma) in the eye, cough in the respiratory tract, prostatitis in the urinary passages. In irritable and cracked nipples during lactation, in mastitis, and sometimes in headache or neuralgia when called for it proves effective.

Following are the symptoms in detail :

### HEAD.

Vertigo, with dullness and heaviness of the head, paleness, debility and nausea, worse in open air and in the morning, sensitiveness to pressure of the hat. In the characteristic headache the pains extend backward from the eyeballs through the head, or are located in the superciliary region over right eye.

### EYES.

Itching, oedema, twitching of lids, stinging in eyeball, burning in eye and ear with vertigo and fainting, ulceration of conjunctiva, contraction of pupil, dimness of cornea, lachrymation, neuralgic pains from pupil of left eye through to back part of head.

The characteristic eye troubles, conjunctivitis, blepharitis, ulceration of cornea, etc., are accompanied by vesicular eruptions on adjacent parts and characteristic pain shooting from the eye to back of head, and the corneal ulceration by marked pain at night in the superciliary region.

### NOSE.

Burning in nares and inflammation of the nose.

### MOUTH AND THROAT.

Dry, parched lips, burning of lips, sensitiveness of tip of tongue, coated white, disagreeable scraping in fauces, burning in fauces and pharynx, sensation of constriction in throat.

### STOMACH.

Excessive nausea with vanishing of sight and sweat on forehead, excessive gagging with vertigo, these symptoms worse after drinking, burning in stomach with sensitiveness to touch.

## ABDOMEN.

Distended, coldness, colic in transverse colon before stool, relieved by drinking hot milk and after sleep.

## STOOL.

Liquid yellow or dark green with tenesmus, nausea and colic, coming out with a spurt as from explosive spasm. Stools immediately after drinking or eating. In infants immediately or soon after nursing. Burning at anus, itching, pulsative stitches, sense of constriction, as if a plug lodged in rectum were pressing out, scraping on posterior wall of rectum during stool, pressure at umbilicus causes pain all along the canal to termination of rectum, producing tenesmus and protrusion of rectum, sweat during stool and warm sweat on forehead after stool.

In diarrhœa, cholera, cholera infantum, and cholera morbus, the three prominent and highly characteristic indications for the exhibition of *Croton tiglium* are the yellow, watery stools, the sudden expulsion, and the aggravation from eating or drinking.

The attacks are marked by violent nausea and vomiting of the ingesta, sudden attacks of vomiting of yellowish white, frothy fluid, with violent efforts of the stomach to dislodge it, accompanied by anguish, oppression, burning, and pressure in stomach; much water in the mouth; violent purging with tenesmus and disagreeable sensation through the whole body and nauseous taste; dry, parched lips; blind vertigo; colic; sweat during stool, followed by excessive prostration and fainting.

Stools may resemble gray mucus, and are marked by great debility. The diarrhœa may be intermittent with great and sudden weakness or morning diarrhœa, light, watery, almost painless, followed by prostration.

In dysentery the stools are frequent and small, renewed by every movement of the body, with very violent pain in the bowels at first, with tenesmus.

## URINARY ORGANS.

Stitches in region of kidneys arresting breathing; increased flow of turbid urine; burning in urethra on urinating; urine, greasy, with opalescent pellicle on surface; desire to urinate continues after micturition.

## SEXUAL ORGANS.

*Men.*—Left testicle drawn up; right relaxed.

*Women.*—Menses scanty during confinement and lactation;



nipples very sore to touch ; excruciating pain running from the nipple through the chest to scapula of same side as soon as the child begins to nurse ; irritated nipples from deficiency of milk.

This pain from the nipple through the chest is a loud call for a dose of *Croton tiglium*.

#### RESPIRATORY ORGANS.

Hoarseness, hollow voice, constant hawking, accumulation of rattling mucus in larynx ; cough morning and evening, with soreness in abdomen and burning in chest ; accumulation of rattling mucus in chest, which is painful to the touch. Cough, with violent sore, drawing pain through chest to back, more on left side ; sense of hollowness in chest.

#### HEART.

Palpitation, with difficulty of breathing, especially upon going up stairs ; stitches in region of heart during expiration ; drowsiness, but palpitation of heart prevents sleep.

#### EXTREMITIES.

Sticking or aching pains in the shoulder joints. Lancination in great toes ; pricking in toes.

#### FEVER.

Pulse frequent and full ; chilliness over the back ; heat ascends over the body ; perspiration on the forehead.

#### SKIN.

Scarlet redness of skin, with rashlike vesicles ; redness, warmth, stinging here and there ; pustules running into one another, oozing and forming a gray-brown crust ; itching, followed by painful burning ; herpetic eruption on scrotum ; painful swelling of submaxillary glands and tonsils ; eruptions better by gentle rubbing.

The characteristic eruption of *Croton tiglium* is pustular, or seropurulent, marked by intense *burning* and itching, ameliorated by gentle rubbing or scratching and after sleep.

In crusta lactea, herpes, impetigo, ecthyma, eczema, erythema, hydroa, itch, poisoning by *Rhus tox.*, pruritis, and erysipelas, or any other skin disease, when characterized by this intense burning and itching, which finds relief from gentle friction, you may safely prescribe *Croton tiglium*.

## GENERALITIES.

Weariness, ill-feeling, and irresistible drowsiness, fainting spells, weakness, and bruised feeling through the body.

## CONDITIONS.

*Agg.*—Stools, nausea, vomiting, and colic after eating or *drinking*.

*Amel.*—Headache, colic, and pains after sleeping, eruptions from gentle friction.

J. H. HAMER, M. D.

## CLASS-ROOM TALKS. No. 5.

(FROM LECTURES BY PROFESSOR J. T. KENT, A. M., M. D.)

I am again reminded to caution you against the hasty use of such deep-acting remedies as Sulph. and Sil. when you have reason to suspect a chronic miasm has had expression in the system, without inquiring carefully into the history of that earlier expression, as such prescribing may give rise to dangerous complications.

I saw a case in which Sulphur had been perfectly indicated, but on being given too late, caused the patient to die shortly. Why? The history of the case had not been fully taken, or it would have shown that the patient, an old lady, had an attack of apoplexy about five years before. The result of the prescription showed that the clot, instead of resorbing, had become encysted; that Sulph. had set up the inflammatory process, leading to suppuration and death. Short acting remedies only should be given in such cases.

In tuberculosis, if the patient is known to have passive tubercles in the lungs, a dose of Sulph. or Sil. may set up so extensive a suppuration as to cause immediate death. Remember, then, in cases where there is possibility of encysted foreign bodies, especially among the deeper and more vital organs, to leave such remedies as Sulph. and Sil. out of the question.

In cases of rheumatic stiffness, with morning *aggravation*, Phosphorus leads all other remedies. A curious case presented, in which a lady friend asked my help. She had a dog, old and faithful, to whom she had been greatly attached because of his usefulness and fidelity. He had become so old and stiff he was of very little comfort to himself or to any one else. She asked

one day that I prescribe for him. Well, the dog could hardly tell symptoms, but he *had* them. Upon inquiry I learned that he was so *stiff in the morning* he could hardly walk or move, and that it took him hours to become limber enough to get about a *little bit*. I wondered a little as to what I could give a *dog*, but because of the *aggravation* in the morning tried a dose of Phos., a high potency, and to my great surprise the fellow became a very comfortable old dog, running about with ease for a year or two afterward. Phos. is a very frequently indicated remedy for this stiffness coming on in old age.

In wasting disease, as consumption in some of its forms, last stages, say five or six weeks prior to death, the patient is beginning to suffer greatly; hectic fever every afternoon; violent, prolonged, circumscribed red spots upon the cheeks; the last stage of suppuration; profuse night-sweats; thirst for ice-cold water. What will you do? Phos. is a dangerous remedy in these conditions if repeated. You will give it, of course—one dose, *very high*—as you value the life intrusted to you. Now wait. Within a day or two you may be sent for in great haste. The patient is suddenly worse. There is profuse, watery, offensive diarrhœa, gushing from her like a hydrant; wide open anus; fæces passing without her knowledge. What will you do now? Sac. Lac., of course. The diarrhœa will abate itself within a day, and your patient will become comfortable, live a few weeks, and pass away without further suffering. You *must* relieve these violent hectic conditions, and if you know nothing to give but Morphia, you will have the dissatisfaction of seeing them end their days in most horrible suffering, as there comes a time when Morphine can help no longer, after which the suffering is terrible to witness.

Later, another condition may arise; the sensation of sinking, of dying, with cold breath, cold sweat, cold body; a friend stands on either side of the couch gently *fanning the patient*; it is seemingly the only way he can get his breath, the exhaustion is so great; here is the Hippocratic countenance with blueness of the face, sunken mouth and nose. Carb. veg. is indicated and will give the patient rest and comfort for another space—perhaps a week or two.

Again, it may be a sensation of a heavy load upon the chest; a horrible sense of suffocation; a clutching and a palpitation of the heart; a throwing off of the clothes or covering; a tearing of the neck and chest; continual swallowing and choking; horrible suffering. Lachesis will relieve and the closing hours are made comparatively easy.



Another time you will find the patient in horrible restlessness and suffering. The body is tossing from side to side. The agony and prayers for death are insupportable; the pains extend over the whole body; the stinging and pricking are intense. The pain is not one great pain extending over the body, but the numerous little tormenting pains, the many in one, pricking, stinging, like so many hot needles (Ars. has served well), and telling to the intelligent physician of the death of the cells. Now, when one dose of Tarent. will ease this suffering, allowing the patient to die perfectly happy and comfortable within a day or two, would you give Morphia?

Phosphorus has an aggravation from lying upon the left side, like Nat-m.; but do not confuse the *conditions* which are made worse by lying upon the left side. In Nat-m. it is the heart symptoms, the palpitations, conditions brought about by disease of that organ; in Phosphorus it is the chest symptoms, the diseased condition of the lungs, the pain, the cough, stitches, dyspnoea. The cough will be made worse, even if it is a cough caused by tickling in the throat-pit, or it may be a symptom caused by the soreness, the rawness, the weakness, and consequent trembling. All chest symptoms will be *aggravated* by lying upon the left side. You will find in the repertories Nat-m. with an *aggravation* from lying upon the left side, and Merc. *aggravated* by lying upon the right side. We easily comprehend the symptom when we remember that Merc. has an especially broad sphere of action in chronic disease of the liver, where there is inflammation, enlargement, and induration of that organ, which it both produces and cures, and in which conditions we find distress, tenderness, and discomfort from pressure upon the organ, or, as the *Materia Medica* has it, *aggravated* from lying upon the right side.

Many of you who begin your practice or *continue* it in this portion of the United States, or in the adjacent States, will have patients coming up to you from the malarial districts farther south, maybe Arkansas. There people have lived in the atmosphere of the swamps of that region, breathing the foulness emanating from the decayed vegetable matters until they are thoroughly impregnated with the poison. Every little while Dame Nature has tried to expel these poisons, as is evidenced by the ague; "chills;" and these "chills" have been suppressed with Quinine. They have reached a point of emaciation and sallowness that looks cadaverous. They have developed through this suppression a chronic diarrhoea or chronic hepatitis, and are jaundiced, melancholic, and infirm.

When you have a case of that kind you will be glad to have known the power of Nat-m. to produce these conditions in the prover. It is a condition of starvation, inanition, for common salt. Nat-m. has just that depressing effect upon the vital forces of man, destroying the tonicity of organs and vessels, and creating the functional disturbances found present. This disorganization or depression of animal functions is shown in the symptoms: "late learning to talk;" "inability to think or to reason clearly," frequently seen in school-boys, who may look well, comparatively robust physically, fleshy, yet they will be clumsy, stupid at their books, excitable, irascible; canine hunger; extreme thirst, with violent craving for cold water; violent craving for salt; slow, jerky, taking a long time to say what is slowly going through their minds, evidently making strong efforts to get their thoughts into words, yet never fairly succeeding; unable to differentiate the finer shades of meaning; cannot sing; cannot learn to play an instrument; cannot really reason out the fact that two and two are four. These conditions are perfectly covered and produced by Nat-m.

You will have patients suffering from the poison of Argent-nit., topically applied, either during an ulcerative sore throat, a case of gonorrhœa treated by injections, uterine troubles, or it may have been a chronic ophthalmia—any place upon a delicate mucous membrane that is within reach of the lawless fingers and instruments of a specialist; and it may have left its own cachexia—a poisoning produced by its use in treatment. Again, you will be glad to have known of the *antidotal* record of Nat-m. for Arg-n.

A gonorrhœa having lasted a long time becomes a chronic gleet; gleet, *white*, viscid, mucous discharge, *with burning after urination*; Nat-m.

Marasmus in children; beginning above and moving downward; eats a great deal, ravenously; no assimilation; grows more and more emaciated: Nat-m.

Marasmus in children, with sinking in of the occiput, showing atrophy of the cerebellum, you need not expect to cure. My experience has only shown me these poor little unfortunates among illegitimates, who would so evidently be better out of the world than in it, where there seems to be no place for them.

S. L. G. L.

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CONTRADICTORY SYMPTOMS.—Every remedy has some symptoms contradictory to the general action of the drug; thus the Arsenic headache is better from cold and the Pulsatilla colic, from heat.

## A CLINICAL NOTE.

ARUM TRI., picks at lips or nose, one spot, till it bleeds ; or at finger tips. Mouth excessively sore and raw.

CONIUM, constantly picks his nose, which bleeds easily, or picks his fingers ; lies in bed most of the time ; does not like to answer questions.

HELLEBORE, constantly picking his lips and clothes.

LACHESIS, picks fingers raw, or face, or arm ; or picks threads from shawl or bed covers.

SELENIUM, picks his teeth until they bleed ; inclined to bore fingers in nose.

STRAMONIUM, automatic grasping of hands to head, nose, ears, etc.

The following case, reported by the late R. R. Gregg, M. D., is very instructive :

I was called to a boy of six years of age, who had been suffering ten days from inflammation of the brain, evidently without effusion, and had been under the care, from the first, of a homeopathic physician, who had been giving low potencies and doses at short intervals. This patient, too, was entirely unconscious and had been several days ; and in addition had had severe convulsions, which increased in frequency and severity until a day or two after my being called, when he had successive convulsions for one entire day, and so severe that once, when his attendants left him for a minute or two, he was so suddenly and so violently convulsed that he was thrown clear of the bed upon the floor. Constipation had existed from the first, and he had one peculiar symptom that may be of interest to mention. This was a continual boring with the left forefinger under the right *ala nasi* until he bored a hole a third to half an inch in diameter entirely through the lip at that point, on the teeth and gum. All efforts to hold or bind his hand would at once bring on a convulsion, so that we had to desist from that, and allow him to go on with this work.

The treatment was entirely with the high potencies—the 2000th and upward—and doses at not less than twelve hours interval on two or three occasions, while all the rest of the time they were given at twenty-four to forty-eight, or more, hours intervals. The remedies administered were *Nux vomica*, *Hyoscyamus*, *Cuprum*, *Helleborus*, *Belladonna*, etc., but none of these appeared to have the least effect until *Belladonna* was pre-



scribed, after the first dose of which, in the 2000th potency, the patient improved steadily and markedly for two or three days, when a second dose was given, which entirely completed the cure of the case, and I discharged the patient well, excepting some remaining debility, in ten days to a fortnight from my first call. Nor was there any impairment of mind, defects of vision, or other annoying sequelæ of the case, but a complete restoration to health, which is a no less remarkable and happy result of such treatment than the safe relief at the time of such violent symptoms.

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### CLINICAL CASES.

STUART CLOSE, M. D., BROOKLYN, N. Y.

CASE III.—*Diphtheria*.—Mrs. J. E. B., aged twenty-nine. Blonde. For nearly a week has felt a sense of impending illness; tired, languid, general depression.

*Status præsans:*

1. Last night, sleepless, restless, turning frequently, *because bed felt so hard*.
2. Heat came on yesterday at two P. M., and continued all night; *chilly on movement*, cheeks flushed and hot.
3. Aching of the flesh, all over body; "aches all over."
4. Sensation of great *fatigue*.
5. Dry sensation in throat, with thirst for *cold drinks*, which relieve.
6. Mouth full of slightly viscid saliva, tasting salty, running out and wetting pillow during sleep.
7. Frequent swallowing.
8. Sharp pains through tonsils, aggravation right side, and on swallowing.
9. Throat externally sensitive, aggravation right side.
10. The pain and soreness began on the right side, and extended to the left.
11. Right hand and arm "go to sleep" easily.

*Examination:*

12. Tonsils swollen, red, shining.
13. Membrane on tonsils light yellow in color, most on right side, diffused, *in points*, about the size of a large pinhead, "looking like lid of a pepper-box." Twenty-five or thirty of these points on the right tonsil, about half as many on the left. Also points, and larger, irregular patches on posterior wall and pillars of the pharynx.

14. Offensive odor of breath, characteristic of the graver forms of the disease.

Taking into consideration, as the most important points, the peculiar color and disposition of the membrane, the increase of saliva, the frequent swallowing, and the external sensitiveness of the throat, I placed on the tongue of the patient a single dose of *Lac. canin.*<sup>45m</sup> The next morning the patient met me at the door of her room with the exclamation, "I'm *ever* so much better!" She had slept nearly all night, waking only a few times, and in the morning felt refreshed and rested. The "tired feeling" was gone. She had no sensation as if the bed were too hard; no fever, nor chilliness on moving. The "aching all over" had disappeared, as had also the unusual accumulation of saliva, the frequent swallowing, and the external sensitiveness of the throat. On examination the tonsils were found much less swollen, no membrane whatever being visible on the left tonsil, and only about half as much as formerly on the right. The shiny, glistening appearance of the inflamed part was nearly gone.

She informed me that early in the morning, after coughing and scraping the throat several times, she expectorated two pieces of membrane, one nearly half an inch in diameter. Both pieces were quite thick, light-yellow in color, one surface being red and bloody, as if torn from a raw surface. After this she had a raw feeling in the throat. She remarked that she felt quite well unless she tried to walk about, and then she felt as if she had been sick a month, so weak and trembling were her limbs. She thought "those little pills were just wonderful."

I reproved her for her imprudence in getting up, and directed absolute rest in bed for at least two days. She declared, however, that she could not; that she had no one to help her; that her husband's meals must be cooked, etc. The result was that when I called next day I found her feeling much worse. She had been restless during the night, and there was very little if any further improvement in the throat. I now insisted upon her going at once to bed, which she did, letting her husband, who "thought, because she got better so quick, there wasn't much the matter," shift for himself. In three days she was entirely well without further medicine.

The patient received only the one dose of the remedy, which was potentized by Dr. Fincke, of Brooklyn.

It may be of interest and value to note, for further confirmation the presence and removal of several symptoms not recorded in the pathogenesis of *Lac. can.* :

1. Sensation as if bed were too hard. (*Arnica*, *Baptisia*.)

2. Chill on movement. (Bry., Nux, Rhus, Sep., Sil., etc.)
3. Aching all over.
4. Sensation of great fatigue.
5. Desire for and relief from *cold* drinks. (Lycop.)

### A NOTE ON THERIDION.

In cases of scrofulosis, where the best chosen medicines do nothing, I always interpolate a dose of Theridion, which must act for eight days, and I have seen the most surprising results from it, particularly in caries and necrosis. For phthisis florida Theridion is indispensable, and effects an entire cure if given in the beginning of the disease.

In cases of rachitis, caries, and necrosis, I depend chiefly on Theridion, which, although it does not seem to affect the external scrofulous symptoms, apparently goes to the root of the evil and effectually destroys the cause of the disease. DR. BARUCH.

### BOOK NOTICES AND REVIEWS.

**FIFTY REASONS FOR BEING A HOMŒOPATH.** Given by J. Compton Burnett, M. D. London: The Homœopathic Publishing Company, 1888.

It is a real pleasure to read Dr. Burnett's books, for we know of none which better repay one for the reading; they combine instruction with entertainment. We have noticed in the past several of his books which should be read by every one who is skeptical as to the truth of the law of the similars or doubtful as to the efficacy of the potentized drug.

These fifty reasons are given to show an allopath why Homœopathy is worthy an investigation, and they are ample for an unprejudiced person, but, as the author writes to his skeptical friend, the allopath, "Of you personally I have very little hope, for well do I know that though one rose from the dead, yet would you allopaths *not* believe in any, and, therefore, not in my *Fifty Reasons for Being a Homœopath*."

This little book ought to be sufficient to persuade any earnest seeker after the truth to put Homœopathy to the one true test, that of bedside experience, and see if it be "found wanting." No other test is worthy the name.

**PATHOGENETIC AND CLINICAL REPERTORY OF THE MOST PROMINENT SYMPTOMS OF THE HEAD.** By C. Neidhard, M. D. Pp. 188. Philadelphia: F. E. Boericke, the Hahnemann Publishing House, 1888.

Perhaps the most difficult task one has to perform in compiling a Repertory is to so arrange it that all the symptoms may be readily found by the physician when he is in haste. Without such arrangement any work is well-nigh useless. This, it seems to us, is the fault with this Repertory of Dr. Neidhard's.



It undoubtedly contains much very useful matter, but this is more or less inaccessible by reason of the confused arrangement of the book. The Repertory gives a large number of clinical symptoms gleaned from Dr. Neidhard's extensive practice. Symptoms are given in full where such are required; also, conditions and concomitants.

**A REPERTORY OF GONORRHOEA**, with the Concomitant Symptoms of the Genital and Urinary Organs. By Samuel A. Kimball, M. D. Pp. 53. Price, net, \$1.20. Boston: Otis Clapp & Son, 1888.

Gonorrhœa has been, perhaps, the one disease which homœopaths have treated very badly and unsuccessfully. It has been one which they have failed very frequently to cure, because they have as a rule treated the disease rather than the patient. A false idea of the disease has been borrowed from the allopaths, who consider the disease a local and a surgical one; this is crude pathology. There are two kinds of "gonorrhœa." The one is a simple urethritis, the other is true gonorrhœa; the one is easy of cure, the other often very difficult.

With this brief introduction, showing the great necessity for just such a work as this Repertory, we thank Dr. Kimball for his work, and hope it will be appreciated as it deserves—that is, *used*. The Repertory is complete in the field it treats of, is very well arranged and beautifully printed. There are two parts. Part first gives the urinary symptoms proper, and part second the symptoms of the bladder, genitals, penis, testicles, urinary discharges, gleet, chancres, buboes, warty excrescences, etc. And all this matter is carefully edited and arranged so as to be readily found, thus meeting the two vital necessities of any Repertory, which are accuracy in statement and ease in using. In compiling his work, Dr. Kimball has laboriously searched the best authorities on *materia medica*, and hence gives us a new as well as a reliable Repertory. Each part is arranged alphabetically, and the prominent words are clearly indicated by heavy faced type; this, with the running headings at the top of each column greatly facilitates the use of the Repertory.

Dr. Kimball offered his work as a contribution to the Bureau of *Materia Medica* of the I. H. A. last June; it was received with a vote of thanks by the Association and ordered to be published separately, that all might be benefited by it. The Repertory is the most useful work the Association has yet produced, and one which does it credit. If the I. H. A. could publish each year some work like this Repertory it would be doing good service for Homœopathy.

After such a promising beginning, the homœopathic profession will surely expect to hear from Dr. Kimball again in the near future.

### ODIUM MEDICUM AND HOMŒOPATHY.

This pamphlet, of one hundred and twenty-six pages, is a reprint, with additions, from the London *Times* of a spicy correspondence upon Homœopathy. It is edited by Dr. John H. Clarke, of London, and is very well worth a perusal. The allopathic defamers of Homœopathy offer nothing new in the way of argument or proof against it. Merely dealing, as usual, in assertion, ridicule, and bombast, they retired from the discussion, gaining little beyond the contempt of all fair-minded persons.

**FOX'S ATLAS AND TEXT-BOOK OF SKIN DISEASES.** Second edition. Issued in parts by E. B. Treat & Co., New York.

Parts five and six of this noted work continue the consideration of the "inflammatory diseases" of the skin; treating such as eczema, psoriasis, mil-

ia, lichen, prurigo, herpes, etc. The plates are, as usual, very fine. Price, one dollar each part.

### LOMB'S PRIZE ESSAYS. Published by the American Public Health Association.

Mr. Henry Lomb has given the Public Health Association a fund to defray the expenses of publishing tracts upon hygiene, etc., for distribution among the poorer classes at a nominal cost. The idea is a noble and useful one, as it strives to render the poor healthier and happier.

The final outcome of Mr. Lomb's generous offer, and of the action of the several Committees of Award appointed by the Association, has been the publication of four valuable treatises on the following subjects :

NO. 1. HEALTHY HOMES AND FOODS FOR THE WORKING CLASSES. 10 cents. By Professor Victor C. Vaughan, M. D., Ann Harbor, Mich.

NO. 2. THE SANITARY CONDITIONS AND NECESSITIES OF SCHOOL-HOUSES AND SCHOOL LIFE. 5 cents. By D. F. Lincoln, M. D., Boston, Mass.

NO. 3. DISINFECTION AND INDIVIDUAL PROPHYLAXIS AGAINST INFECTIOUS DISEASES. 5 cents. By George M. Sternberg, M. D., Major and Surgeon U. S. A.

NO. 4. THE PREVENTABLE CAUSES OF DISEASE, INJURY, AND DEATH IN AMERICAN MANUFACTORIES AND WORKSHOPS, AND THE BEST MEANS AND APPLIANCES FOR PREVENTING AND AVOIDING THEM. 5 cents. By George H. Ireland, Springfield, Mass.

### THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

This pamphlet of one hundred and thirty-two pages contains a selection of papers read at various times by members of this Society. It would, perhaps, be an improvement if all Committees on Publication exercised a wise discretion as to the matter published ; many useless papers are published under the usual system of printing any and every paper offered.

### HOMŒOPATHIC LEAGUE TRACTS. No. 18

Continuing their work of enlightening the public upon Homœopathy, the League publishes this essay on "Allopathic Misconceptions of Homœopathy."

## NOTES AND NOTICES.

THE I. H. A. will meet at Niagara, June 19-22d. Come one and all !

REMOVALS.—Edward M. Gramm, to 1433 Girard Avenue, Philadelphia. Dr. W. L. Reed, from Mexico, Missouri, to 2309 Washington Avenue, St. Louis. Dr. Reed succeeds Dr. Kent. Dr. J. T. Kent, from St. Louis to 1419 Walnut Street, Philadelphia—a welcome addition to the force of Hahnemannians in Philadelphia.

OHIO HOMŒOPATHS met at Delaware May 8th and 9th ; there was a good attendance. The officers elected were : Dr. C. E. Walton, President ; Dr. C. L. Cleveland, First Vice-President ; Dr. Frances J. Derby, Second Vice-President ; Dr. F. Kraft, Secretary ; Dr. C. D. Crank, Assistant Secretary ; Dr. H. Pomeroy, Treasurer ; Dr. H. E. Beebe, Chairman Board of Censors. The next meeting will be held at Cincinnati, second Tuesday in May, 1889.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE held its annual commencement exercises in Chickering Hall, New York city, April 13th. A class of forty-eight was graduated. Addresses were made by the Dean, Professor T. F. Allen, Hon. Rufus B. Cowing, and Rev. Dr. Bowles. The prizes were awarded by Professor Malcolm Leal, the President of the faculty. The class valedictory was delivered by Dr. J. T. W. Kastendieck. Work on the new College building is to be begun at once, and pushed so as to be ready for use at the opening of the fall session of the College.

LACHESIS, one of our most useful remedies, introduced and proven by Dr. Hering, has been given a very full and complete rendering in the forthcoming volume of the *Guiding Symptoms*. The editors give some ninety pages to this grand remedy, and not a line could be wisely omitted.

CLINICAL WORK.—The Clinical Bureau of the I. H. A. for this session has promise of many good things. Dr. Alice B. Campbell, who has charge of its work, has been very active. Dr. Biegler will read papers on "Mental Alienation" and on Kali-phos. in a case of acute laryngitis; Dr. Sawyer, "A Few Cases of Cancer;" Dr. Schmitt, "Clinical Cases Illustrating the Curative Power of Ant tart.;" Dr. Clark, "Some Symptoms of Syecosis;" Dr. Hawley, "A Case of Cancer of the Stomach Cured by Arsenicum."

TESTIMONY FOR HIGH POTENCIES.—Farrington wrote: "It is true of Natrum., as of most other drugs, that the high potencies act best." One of our subscribers recently wrote: "For the past three months I have been testing the higher attenuations or potencies, and am becoming highly interested in their use. My prejudices were against their efficacy, but I am compelled to admit that my practice during this period has been fully one hundred per cent. more satisfactory. R. B. W."

MENTAL SYMPTOMS.—Hahnemann has always laid the greatest stress upon the importance of mental symptoms. They are to be covered in the prescription, as they are more indicative of the patient than are the pathological conditions, which are mainly indicative of the disease. In a foot-note (*Organon*, p. 187) Hahnemann illustrates the importance of mental symptoms by this remark: "Aconite seldom or never effects a rapid and permanent cure when the temper of the patient is quiet and even; nor Nux vomica when the disposition is mild and phlegmatic; nor Pulsatilla, when it is lively, serene, or obstinate; nor Ignatia, when the mind is unchangeable and little susceptible of either grief or fear."

SYMPTOMS, NOT DISEASES.—*Trichiasis* is not a disease but a symptom, and as different as the occasions or causes are; as different as are the groups of symptoms it appears in connection with, and hence different remedies have to be indicated. *Borax* is one of the most important. If caused by the barbarous, ruthless, and nonsensical application of *Nitrate of Silver*, the *Natrum.* ought to be given first. *Graphites* may soften the scars as well as it does in the mamæ; if not, the callosities may require mechanical aid. Only *distichiasis* demands surgical treatment. *Entropium*, as well as *Ectropium*, in the beginning, and before it is spoiled by the surgeons, is in almost all cases cured by *Merc.* or *Sulph.*, sometimes *Calc.*, rarely *Lyc.*—C. HERING, in *Journal of M. M.*



# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## CHRONIC DISEASES.

In recent issues of this journal brief papers have been published upon sycosis, syphilis, and psora as chronic miasms, and, hence, as factors in producing chronic diseases. The object of this present paper is to continue to attract interest to this important subject. We do not expect to produce any new ideas or startling theories on these diseases, but merely desire to cause them to be discussed and studied, believing that study of them cannot fail to benefit the practitioner.

Every observant physician has been puzzled at times to understand why it is that some cases of any given disease should be more difficult to cure than others. Usually this difficulty has been ascribed to some inherited dyscrasia or to idiosyncrasy and like indefinite terms. It remained for Hahnemann to give definite and satisfactory reasons for these stubborn cases. As we all know, Hahnemann was an inquisitive person; he wanted to understand the true reasons for everything he observed. Seeing that Cinchona cured many cases of intermittent fever, he asked himself, Why is it? And the answer was the discovery of the Law of the Similars; so, too, after observing that this law enabled him to cure speedily and thoroughly most cases of disease, Hahnemann again questioned himself, and asked, Why do not these remedies cure all disease alike promptly and permanently? The answer to this question was his grand dis-

covery of the nature of these chronic diseases. This doctrine of chronic diseases cannot any longer be considered a mere theory ; it is a fact based upon the multifold experience of many observers.

In the treatment of chronic diseases, as in all others, the symptoms, not the name, are to point out the proper remedy. Hahnemann teaches us both in the *Organon* and in his work on *Chronic Diseases* that the symptoms of the patient are to be the sole guide for the selection of the remedy, whether this remedy is to be an anti-psoric or an anti-syphilitic or anti-sycotic.

Hahnemann does not consider such diseases as are caused by occupation or residence as true chronic diseases, for these can be relieved by a change of residence or occupation. In his *Organon* he tells us, "The true natural chronic diseases are those which are produced by a chronic miasm, making continual progress in the body when no specific curative remedy is opposed to them, and which, notwithstanding all imaginable care, both with regard to the regimen of the mind and body, never cease to torment the patient with an accumulation of miseries that endure to the end of his existence." "Hitherto, syphilis was in some measure known as one of these chronic miasmatic diseases, which, being uncured, continued to the end of life. Sycosis, which likewise cannot be subdued by the vital powers alone, has never been regarded as a distinct species of chronic disease depending on an internal miasm, and it was supposed to be cured when the excrescences on the skin were destroyed, while no attention was paid to their internal source, which still continued to exist." Hahnemann further tells us that psora is the parent of all chronic diseases not caused by either syphilis or sycosis. According to his experience the effects of this miasm are practically unlimited. In the *Organon* he says: "But a chronic miasm that is incomparably greater and far more important than either of the two named, is *psora*. The other two disclose the specific internal affection whence they emanate—the one by chancres, the other by cauliflower excrescences. But it is not until the whole organism is infected that psora declares its huge internal chronic miasm by a cutaneous eruption (sometimes consisting of only a few pimples) that is wholly peculiar to it, accompanied by insupportable tickling, voluptuous itching, and a peculiar odor. This psora is the sole true and fundamental cause that produces all the other countless forms of disease under the name of nervous debility, hysteria, hemicrania, idiocy, hypochondriasis, insanity, melancholy, madness, epilepsy, spasms of all kinds, softening of the bones,

caries, cancers, fungus-hæmatodes, gravel, gout, hæmorrhoids, dropsy, jaundice, ulcers, asthma, phthisis, cataract, deafness, menstrual irregularities, etc., all of which now appear in pathology as separate, distinct, and independent diseases." Such is Hahnemann's declaration; but educated, as most of us have been in the pathological teachings of the dominant school of medicine, to us these statements may seem exaggerated, yet to those of the homœopathic school who have had the greatest experience in treating chronic diseases, Hahnemann's words have been proven true. Those of our school who have in the past been most successful in curing those chronic diseases which are generally considered as incurable have given the greatest time and attention to the study of Hahnemann's three chronic miasms, and it is evident that we must do likewise if we would emulate their success. Bœnninghausen, who was probably the most successful prescriber in chronic ailments our school has produced, was also the closest student of these chronic miasms. It is said that Bœnninghausen had a record of some three or four hundred cases of epilepsy which he had cured, a record which has certainly never been surpassed. Constantine Hering cured many chronic cases which other physicians could not help in the least; so, too, did Dr. Lippe. These men had no secret methods of practice, no secret remedies; they had nothing more than the humblest of us may acquire, a profound knowledge of Hahnemann's *Organon*, of his *Chronic Diseases*, and of the homœopathic *Materia Medica*. Cannot we all obtain that knowledge also, and having it, cannot we, too, use it to cure these scourges of the human race as they did? The treatment of acute diseases is comparatively simple, the selection of the remedy is generally easy, and the result follows so promptly that one cannot be long in doubt as to the result of his prescription. But in chronic cases the selection of the remedy is very difficult (the past, as well as the present, history of the case must be studied), and the action following its administration is necessarily slow and tedious. Hence, it requires wisdom to select the remedy for chronic cases, and great patience, combined with acute observation, to watch the case in order to observe the curative process.

In chronic cases one might select the proper remedy every time with unerring accuracy, yet he would most assuredly fail to cure a single (chronic) case if he did not know how to give his remedy. Too frequent repetition or too sudden change of remedies would as certainly prevent a cure as would the giving of the wrong drug. To cure these diseases one must be



thoroughly well versed in homœopathic philosophy ; an accurate and complete knowledge of the *materia medica* alone is not sufficient for treating chronic diseases. In order to help us to judge of the action of our remedies in such cases as these, I will quote some words of advice written by Hering. In his preface to Hahnemann's first volume on *Chronic Diseases*, Hering said :

“ As acute diseases *terminate* in an eruption on the skin, which divides, dries up, and then passes off, so it is with many chronic diseases. All diseases diminish in intensity, improve, and are cured by the internal organism freeing itself from them little by little. The internal disease approaches more and more to the external tissues until it finally arrives at the skin.

“ Every homœopathic physician must have observed that the improvement in pain takes place from above—downward—and in diseases from within—outward. This is the reason why chronic diseases, if they are thoroughly cured, always terminate in some cutaneous eruption, which differs according to the different constitutions of the patients. This cutaneous eruption may even be perceived when a cure is impossible, and even when remedies have been improperly chosen. The skin being the outermost surface of the body, it receives upon itself the extreme termination of the disease. This cutaneous eruption is not a morbid secretion, having been chemically separated from the internal organism in the form of a gas, a liquid, or a solid ; it is the whole of the morbid action which is pressed from within—outward—and it is characteristic of a thorough and really curative treatment. The morbid action of the internal organism may continue either entirely or more or less in spite of this cutaneous eruption. Nevertheless, this eruption is always a favorable symptom ; it alleviates the sufferings of the patient, and generally prevents a more dangerous affection.

“ The thorough cure of a widely ramified chronic disease in the organism is indicated by the most important organs being first relieved. The affection passes off in the order in which the organs have been affected, the more important being first relieved, the less important next, and the skin last.

“ Even the superficial observer will not fail to recognize this law of order. An improvement, which takes place in a different order, can never be relied upon. A fit of hysteria may terminate in a flow of urine ; other fits may terminate in the same way or in hemorrhage. The next succeeding fit shows how little the affection has been cured. The disease may take a different turn, it may change its form, and in this new form it

may be less troublesome, but the general state of the organism will suffer in consequence of this transformation.

"Hence it is that Hahnemann inculcates with so much care the important rule to attend to the moral symptoms, and to judge of the degree of homœopathic adaptation existing between the remedy and the disease by the improvement which takes place in the moral condition and the general well-being of the patient.

"The law of order pointed out above accounts for the numerous cutaneous eruptions consequent upon homœopathic treatment, even where they have never been seen before; it accounts for the obstinacy with which many kinds of herpes and ulcers remain upon the skin, whereas others are dissipated like snow. Those which remain do so because the internal disease is yet existing. This law of order also accounts for the insufficiency of violent sweats, when the internal disease is not yet disposed to leave its hiding-place. It lastly accounts for one cutaneous affection being substituted for another.

"This transformation of the internal affection of such parts of the organism, as are essential to important functions, to a cutaneous affection (a transformation entirely different from the violent change effected by ointments, mustards, salves, etc.), is chiefly effected by anti-psoric remedies."

I may be excused for making this long quotation, perhaps already familiar to most of my readers, but these words of Hering seemed to me to convey to us all such sound advice that one could scarcely dwell too much or too long upon them, for to know the order of progress of curative action so as not to interfere with it is of vital importance. There is also another class of chronic disease, or at least may be so termed, which we often find in our practice; these are diseases caused by the suppression or bad treatment of acute disease. They are perhaps not so frequent now as formerly, but are still sufficiently numerous to merit our careful consideration. Hahnemann alludes to them, in paragraph 74, as follows: "Under the class of chronic disease, we have unfortunately to reckon those numerous factitious maladies, of universal propagation, arising from long-continued administration, by allopathists, of violent heroic medicines in large and increasing doses (from the abuse of Calomel, Corrosive sublimate, Mercurial ointment, Nitrate of Silver, Iodine and its ointment, Opium, Valerian, Quinine, Digitalis, Sulphur, etc., etc.), by which the vital power is either unmercifully weakened, or, if it be not indeed exhausted, becomes gradually so abnormally altered (in different manner, according to the particular

medicine administered), that, in order to support life against such hostile and destructive assaults, it must effect changes in the organism, and either deprive this or that part of its sensibility or irritability, or exalt these properties to excess, produce dilatation or contraction, relaxation or induration of parts, or else totally destroy them, and here and there induce organic changes, both internally and externally (maim, as it were, the interior and exterior of the body), in order to protect the organization against entire destruction of life, from the reiterated assaults of such hostile and destructive influences." \* \* \* "I regret to say that, when they have attained a considerable height, it would seem as if no remedy could be discovered or devised for their cure."

Such are the declarations of Samuel Hahnemann, and it will not do to pass them by as silly or absurd because the dominant school of medicine does not accept them as true. These views of the nature of chronic diseases have enabled physicians to make some of the grandest cures which have illumined the pages of medical history; and a careful study of these theories will enable us "to go and do likewise." One will easily see in them the causes of many of the chronic maladies which we have to combat—nervous diseases of all kinds, paralyses, tumors, uterine and ovarian ailments, thoracic disorders, etc., etc. In our attempts to treat these terrible diseases, we will meet with little success unless we are able to trace them back to their original cause. The ailment of to-day may have had its origin in, say, the abuse of Mercury years ago; or the chronic headaches you are now called upon to cure may be due to the scientific efforts, years ago, of some blundering gynæcologist. Imagine the condition of a psoric or syphilitic person whose constitution has been for years shattered by the gross treatment of a stupid allopathist; is it at all difficult to conceive that such causes may readily produce any chronic disease?

E. J. L.

## TRACHEOTOMY—A PLEA FOR NATURAL DEATH.

STUART CLOSE, M. D., BROOKLYN.

Sitting beside the deathbed of my first and only fatal case of diphtheria, watching the process of dissolution, there came to me a new realization of the beneficence of those laws of life ordained by the great Law and Life Giver, our Father.

We are accustomed to speak of natural law as "inexorable," putting into the word something of the sense of mercilessness.



It is said that "God is Love," but we too often fail to see the love as we watch these processes. Almost imperceptibly men come to have the feeling toward God that He is hard and cruel, working along certain hard and inflexible lines to accomplish His purposes, and so they gradually draw away from God, and themselves become hard and cruel. It may be that they do not become willfully or consciously so, but in the new light which came to me it seemed that they were no less truly so who rebel against natural law and its processes, and substitute for it their own will and course of action. Natural law is cruel only when disobeyed. If worked in harmony with, it is most beneficent.

Two bodies moving in parallel lines run harmoniously. It is only when the lines cross that there comes collision and disaster. This is an important truth to be learned, and is worthy of reflection.

The patient was a poor, little, deformed girl, who had been an invalid nearly all her life. Contracting diphtheria of a malignant type, she had struggled against it for six days, aided by carefully selected remedies. From the beginning, in the nature of the case, I had but little hope of her recovery.

Near the close of the sixth day, the sudden hoarseness, labored respiration, and anxious expression announced the invasion of the larynx. Remedies after this were powerless to make effectual resistance, and she sank rapidly.

For the first two hours her sufferings were painful to witness. I could scarcely refrain from trying to relieve her by performing tracheotomy. It seemed so easy a thing to do. But I remembered what I and others had seen in similar cases and withheld my hand. At the end of two hours visible signs of carbonization of the blood appeared, and *just beyond the point* where tracheotomy is usually performed, viz.: *just before the appearance of these visible signs of carbonization*, her sufferings began to abate in as marked a degree as follows, for a short time only, the operation of tracheotomy.

The poison, *created for this very purpose*, within the organism, in obedience to what I now saw for the first time to be beneficent laws, began to do its merciful work. The breathing gradually became less labored and more superficial. Consciousness, at first only dimmed, soon was lost, and an easy, almost imperceptible death followed in a few hours. This was euthanasia—a loving Father's boon to His suffering children.

After the first two hours there was little or no suffering.

Nature's narcotic was allowed full action, and it performed its merciful work well. Natural law was obeyed, and it was kind. The human will ran parallel to the Divine will, and there was no cross.

But what had I and others seen, which led me to resist my inclination to take the matter into my own hands and disregard this law?

Simply this: that just at the point where the law begins to operate so beneficently and mercifully, I and others have seen the incision made, the canula inserted, the "life-giving" (?) air rapidly and freely inhaled, and the sufferer thereby brought back again to consciousness of his pain and nearly approaching end. He exists a few hours longer in agonizing anticipation of a certain and awful death, because robbed of the means by which it was intended his dissolution should be made painless and unconscious.

What, then, is gained? All agree that there is nothing in the operation itself of a curative nature, and in a case like this remedies have had full chance to do all in their power. The strength and vitality of the patient are already exhausted, and death is certain. Yet there are physicians and surgeons who, in a case such as described, believe they have not done their duty until they have so operated and brought the patient back to pain and consciousness. It is the customary thing to do, and therefore right. Nature's effort to secure a painless death is disregarded and defeated. "But," said one of these physicians to me a few days since, when discussing this matter, "after the operation, if there is such pain and suffering, *we must give them Morphia*!"

In other words, two wrongs will make a right.

I would not be understood to hold that tracheotomy is never justifiable, but only that it is very often unnecessarily performed and with such cruel results.

For the purpose of gaining valuable time, as to remove a foreign body from the throat, or even in a case of croup or diphtheria, which has rapidly approached asphyxiation without proper homœopathic treatment, *only when the means for applying such treatment are at last at hand*, it would be proper to resort to it. But when such means have been faithfully applied and failed, or when such means are not at hand, and the only result accomplished is to gain time to die in, with increase of suffering, such an operation is cruel and unnecessary, and opposed to the Divine ordering of things, which is for our highest good.

Nature's laws and nature's God are not cruel. Their purposes are accomplished with the least expenditure of force and the least suffering.

The law of "the least quantity of action," discovered by the great philosopher and scientist, Maupertisu, holds true in this, as in all other spheres.

## CLASS-ROOM TALKS. No. 6.

(FROM LECTURES BY PROFESSOR J. T. KENT, M. D.)

The hygeists of our city have made many and violent efforts to prevent the spread of diphtheria with this result: the more they fumigate, notify, and placard, the worse matters seem to get. I find it hard to prevent their entrance within my patient's door with their many and odoriferous accompaniments. These logical city fathers are always on the rampage; always hunting after germs; always killing germs; it would seem there ought not to be a germ left alive in the world, they have been so vigorously hunted, and yet disease still stalks abroad *unchecked*.

Let me tell you something. Just so soon as you find the homœopathic remedy for diphtheria, just that soon have you killed infection, and the *room* and the *patient* are *free* from it. In small-pox, scarlet fever, etc., such diseases as may be carried by fomites, they may still be spread by the fomites before infected, and yet the infection from the person be dead; the great manufactory of the poison is stopped. Therefore, the disinfecting matters and methods only prevent the action of the remedies and injure your patient's chances for recovery.

No greater mistake can be made than to combat so grave a zymosis as diphtheria by the external use of medicines.

There are three great reasons for opposing local treatment: First, it does not benefit the patient, it is only removing a *result* of disease and not reaching in any manner the zymosis; second, the true index or guide to the correct treatment is removed, changed, or obscured by such a management; third, the confidence in remedies is very strong with physicians who do *not*, and very *feeble* in all who *do*, use local treatment.

By this we must conclude that lack of success with the combined means has led to lack of confidence, and that *success*, following the constitutional treatment, has established the confidence that every correct prescriber carries with him to the bedside of this apparently grave disease.

The disinfectants and germicides are not without a place, but more attention has been given to germicides than to the *materia medica*. The confessions in our societies are evidence of the lack of the study of the remedies belonging to each individual case, and the generalization and treatment of the disease instead of the patient will account for the failures in practice. To fix upon a set of remedies, of which we would say, these are medi-



cines for diphtheria, is *not* in harmony with homœopathic prescribing, yet it is but too common in this advanced day of medical knowledge.

The remedy that will speedily cure each and every case *can* be selected, and is often a remedy never before named for the disease. When Ignat., Cham., Bry. have been known to cure diphtheria that has exhibited a profusion of typical pseudo-membrane, who can say what remedy may not cure the disease? Who, on the other hand, would select one of these remedies without the most careful individualization and the most positive reasoning? Thus why select any remedy without the most positive reasons?

Our principles abound in reasons for action, but "when in doubt, wait." We do not say wait a week, nor a day, but wait and watch. An hour or two hours will be well spent in watching the symptoms so that a positive prescription can be made. We think some one of you may say, "The parents might get anxious." We answer, if the physician cannot command the respect and confidence of his families there are plenty of vacancies in other vocations. Nothing can be offered as a substitute for a correct prescription in such a grave disease. To accomplish this, the patient must be examined the more thoroughly until every doubt about the similarity has been removed.

The patient never grows worse after he has taken the first dose of the appropriate remedy; he may remain stationary for thirty-six hours in a very grave case, but he cannot grow worse. Generally, he feels better in twelve hours, and the membrane begins to decrease in twenty-four hours in the reverse order of its coming, and in very severe cases has *all* disappeared in six days.

Lach. or Merc-cy. may have cured a case in a given family and not cure another case in the whole season. These are not remedies for diphtheria, except when indicated by the symptoms.

This season just passed has furnished a great scare because of some painful cases of follicular tonsilitis, which Bell. has proved able to cure in most instances. The city has been whitewashed by our Health Department almost indiscriminately, but that it has accomplished much there is room for grave doubt.

The few cases of diphtheria have been North and South, while a central belt seems almost entirely to have escaped. The escape has *not* been due to fumigation.

Of the few deaths, inappropriate treatment has been the cause, also a cause of the great scare.

You can see we have no fixed treatment for diphtheria, but

we have a fixed treatment for all suffering patients, suffering from no matter what constitutional wrongs, whether epidemic, endemic, or sporadic, infection or contagion, that treatment is, if successful, homœopathic.

To make use of this treatment, the physician must know *two* grand things, viz. : the materia medica and the principles that govern its application.

To furnish a treatise upon diphtheria would be impossible, as the whole range of the materia medica and the philosophy must be commanded, so that every turn of affairs, when the question arises of "what is to be done?" the principles must settle the use to be made of the well-selected remedy; these principles are never faulty when you know them, it is only when the principles are not known that they refuse to be a help at the bedside.

S. L. G. L.

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### A DIETETIC CASE.

A. McNEIL, M. D., SAN FRANCISCO.

(Translated, with comments, from the *Zeitschrift für Homœopathie*.)

I have repeatedly had the opportunity of corroborating the views of Hahnemann as expressed in sections 262 and 263 of the *Organon*, which says that in acute diseases (why limited to acute? McN.) the longing for certain dishes should be gratified in moderation. Hahnemann designated such longing as the "internal voice of Nature," as a sign of the "awakened impulse to sustain life." I think a report of such a case is of general interest.

A child of four years sickened with symptoms of fever of a disease of the digestive organs, to which no name could be given. During a period of four weeks, one after another, three different physicians were called, but none of them after a careful examination could make a diagnosis. The temperature arose in the evening to 40° Celsius (104 F.), and in the mornings rose to 38.5 or 39 (101.3 or 102.1 F.). The child was free from pain and failed constantly, for it was only with difficulty that he could be induced to take a little milk or a spoonful of soup. The tongue was at first moderately coated, later it was brownish, the lips were covered with brown crusts, stool suppressed, the bowels only a little distended and never painful. Typhoid it was not, for the spleen was normal. The most one could do was to speak of the case as a kind of gastric fever, for the sen-

sorium was unaffected. All possible remedies were tried; the case, however, remained the same, and as the pulse continued to get weaker and was only for a short time improved by wine, so that death was expected every day. I sat by the bedside one afternoon and mentioned over to him every imaginable kind of food, but he shook his head at the name of everything. But when I mentioned grapes his face literally became transformed, and he raised himself painfully, looked about the room, and eagerly asked, "Where?" I promised to get them, and after running around the city I finally obtained some Spanish grapes; it was then February, and I paid two marks (about forty-five cents) for a pound. When I brought them to him he reached for them greedily. The first berries, which were quite hard, he did not chew, but swallowed them whole, so that I crushed them one by one and gave them to him. After he had eaten half a pound I stopped. That evening he slept soundly, and continued to do so till morning. Then the temperature was 38 C. (100.4 F.). He asked for more grapes, and through the day still more. The dark-yellow urine had been extraordinarily rich in the urates, looking like muddy water. In the evening the temperature rose to 38.5 C. (101.3 F.); next morning it was normal. In the next three weeks the child recovered perfectly, and became strong and well.

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## DIETETICS: ITS BEARING ON SPECIAL AND GENERAL TISSUE BUILDING.

W. J. THAYER, D. D. S., M. D., BROOKLYN, N. Y.

For many years there was no subject that gave the writer so much solicitude as how best to treat the asthenic patient dietetically. There can be no question of the great utility of dietetic treatment in various diseases. For instance, in diabetes, consumption, typhoid, and typhus fevers, and other grave pathological conditions. Reconstructives for convalescence. Nutritive supports for the adynamic. Beef tea has been found of but little value as a supporter. As a builder, almost worthless.

The soft tissues of the body, and even the bones, can be repaired, built over, and new scar tissue formed, but not so with certain other tissues, the enamel, dentine, and cementum. Therefore, when these three petrous tissues are formed, *they are built up forever!* It follows, then, that the way in which, or *result* of building, is an exceedingly important matter.



Are the petrous tissues of any value, at least as comminuters of food, articulators of speech, and for contour of features? If they are, then it is the bounden duty of every one to so assist them in their construction that they will be able to resist the greatest amount of disintegrating influences. But they who are to be most benefited do not know their need at the proper time. Therefore it devolves upon others to assist them to build properly, and upon no class of individuals is this duty so strongly imposed as upon the physician.

There is a vast difference in the construction and density of the teeth in different individuals.

There is also a vast difference in the ability of the teeth of different individuals to *resist decay*!

For these two conditions there is a cause. There are but a few children that have arrived at the age of ten years that can show a perfectly sound set of six-year molars. Why? The six-year molars—the first molars of the *permanent* set—are the largest of the back teeth, and of *immense value*! Many people think it's of no consequence to lose a back tooth. One had better lose two incisors, rather than a molar, or bicuspid, even.

The teeth are composed of *soft solids* and *calcareous salts*. The latter constituents give the teeth their ability to *resist decay*! Human teeth, for the past three decades, have been increasing in softness and effeminacy to an alarming extent. Why? Simply because they have been starved out of existence! *They have been deprived of their lime salts*! Starved! He who eats can hardly fail to get a liberal amount of nitrogenous matter, and that pabulum will supply the soft protoplast of tooth structure, as well as of all soft tissues. But the proteins—albuminoids or nitrogenous matter—will *not* supply to the teeth their inorganic constituents any more than a diet of cellulose and sawdust.

All tissue *building*, all tissue *support*, must come from *appropriated* pabulum. Suppose that the nutriment matter *to be appropriated* contains but little or none of the calcareous salts, where, pray, are the petrous tissues, the bones, and certain constituents of muscular tissue to get their supply?

The cereals contain this supply of inorganic constituents if, and provided, they are not “civilized” beyond Providential intention, by being *bolted into nothingness*! “*Bolted*!”

It is the outside of all our grains—less their coarser woody fibres—that are rich in carbonate and phosphate of lime. Tooth builders! Bone constructors! Muscle densi-fiers! A glorious triad! The only food that contains a *sufficient* supply of these

lime salts that has been arranged by a Superior Wisdom for easy human digestion and appropriation.

Let us repeat, "*That teeth once built up, are built up forever!*" The time to pack the lime salts is *when they are building!*

The teeth begin to form as early as the sixth week of foetal existence. The expectant mother ought to partake of the *coarse bread foods three times each day. Oatmeal, Graham bread, rye and Indian bread, corn bread, rye bread*—all constructed out of the *unbolted* product of grain used.

If the child is brought up on human milk, then the mother or nurse should eat liberally of these same foods. It is through the umbilical cord and mammary gland that the greatest amount of good can be done for the petrous tissues.

The permanent teeth commence to form before birth and so continue till the wisdom teeth are erupted. Therefore, the babe, child, youth, and he of mature years ought to be advised and directed to *pack* away, for future use, these petrous tissue builders.

"How shall they hear without a preacher?" And who can expatiate upon the text like him who has been commissioned by High Heaven to heal the sick—the physician?

Flabby muscular tissue and atony of the womb will be found due to a want of a normal supply of the lime salts in their texture. In well-developed muscular tissue there is from twenty to twenty-five per cent. of inorganic constituents. Thus it appears that not only the petrous tissues *demand* these lime salts, but many other textures of the human body are vastly benefited by such constituents, furnished to them in a physiological manner and *not* fed pharmaceutically.

Our grandfathers, who were brought up on the coarse grain foods, did not lose their teeth before a very late period in life, yet they had as many microbes to contend with as do they who to-day content themselves on gluten and raw starch in *all* of their bread foods. They, in the absence of bolting mills, *did partake of the whole of the grain*, and the results are patent to-day in their teeth!

Many children, by force of circumstances, are brought up on the bottle. Cow's milk is substituted for the maternal breast. But the tough casein found in cow's milk cannot be as easily disposed of as the easier digestive casein of human milk. There are children by the score that cannot digest it at all. In such cases it ought to be partly pre-digested with pancreatin, but few mothers or nurses can attend to this properly. The digestion will be carried too far and the milk made bitter; or too much

heat applied and the digestive ferment ruined altogether, so that there will be no digestion of the milk whatever, and the digestive apparatus of the child taxed more severely.

If this is true of good country milk, what shall we say for those children that are compelled to subsist upon such milk as is dealt out to them in large cities?

A good, *evenly balanced, reliable, and easy digesting* artificial food for infants is much superior to indifferent maternal nursing, or doubtfully contesting the tough casein found in cow's milk. That there are artificial foods possessing those qualities, the subjoined table, transcribed from the *Pharmacuet*, Central Halle, 1886, Berlin, will show. Particular attention is directed to the proteins, or nitrogenous matter, the salts and inorganic substances, to the lime and phosphoric acid in those substances, and to the *ready digestibility* of the different foods.

In Mellin's food the digestibility is represented to be as low as 7.38 per cent., while Carnrick's soluble food is the *easiest of digestion*, it being 16.45 per cent.

Carnrick's food has the highest per cent. of fat, and 18.22 per cent. of proteins, or nitrogenous matter. Anglo-Swiss, the next highest in proteins, 12.38. The amount of nitrogenous matter and ease of digestion are two important matters in an artificial food for infants.

It is for the petrous tissues that we plead. The highest amount of "salts and inorganic constituents" is represented as 3.53 per cent., but the inorganic constituents, containing *lime* and *phosphoric acid* (see table), are unbalanced, they being of lime 0.155, and phos. acid 0.583.

Carnrick's soluble food has of the "inorganic constituents" 2.991 per cent., and of *lime*, 0.645; of *phosphoric acid*, 0.874 per cent., which shows this food to be the best as a petrous tissue builder. Anglo-Swiss comes next. See table.

The starch in any of these foods should be converted into *dextrine* before they are compounded together, or ingested. The amolytic ferments of the saliva, pancreatic, and intestinal juices will easily convert dextrine into maltose, which is ready for immediate absorption. If, however, the artificial food is carried beyond dextrine in the process of manufacture, into a malt sugar, maltose, then the secretions of the stomach are liable to cause a ferment of the malt sugar *before* it can reach the duodenum, and a *sour* or *vinous fermentation* continues through the digestive tract and defeats the objects sought.

The writer agrees with Dr. Biegler (see HOMŒOPATHIC PHYSICIAN, March, 1888, page 107), "People are apt to begin



AN ANALYSIS OF EIGHT OF THE MOST COMMON ARTIFICIAL FOODS FOR INFANTS.								
	Carnrick's Soluble Food. A Milk Food.	Nestle's Food. A Milk Food.	Anglo-Swiss Milk Food. A Milk Food.	Hortick's Food. A Malt Food.	Mellin's Food. A Malt Food.	Wells, Richardson & Co.'s Food. A Starch Food.	Dr. Ridge's Food. A Starch Food.	Imperial Granum. A Starch Food.
Fat, . . . . .	5.00	4.66	2.37	0.60	0.50	2.19	1.27	0.80
Protein substances, Albuminoids, Nitrogenous, . . . . .	18.22	11.46	12.38	11.30	8.34	9.05	8.76	10.73
Hydro-Carbons, Dextrine, etc., . . . . .	67.74	76.69	76.03	79.04	79.29	78.44	80.45	78.88
Cellulose, . . . . .	. . .	0.10	1.09	0.55	0.58	1.54	0.73	0.97
Water, . . . . .	6.14	5.34	6.18	5.75	7.76	6.52	8.31	8.25
Salts and inorganic constituents, . . . . .	2.991	1.75	1.95	2.76	3.53	2.26	0.48	0.37
Amount of Nitrogen in protein substances, . . . . .	2.915	1.833	1.981	1.809	1.335	1.448	1.403	1.717
Amount of protein substances READILY DIGESTIBLE, . . . . .	16.45	11.09	11.20	10.85	7.38	8.35	7.97	9.55
Proportion of nitrogenous alimentary substances. Proteins=1, . . . . .	1.44	1.7.7	1.6.6	1.7.1	1.9.6	1.92	1.9.3	1.7.5
The inorganic constituents contain of { Lime, . . . . .	0.645	0.390	0.520	0.076	0.155	0.390	0.060	0.001
{ Phosphoric Acid, . . . . .	0.874	0.630	0.800	0.421	0.583	0.688	0.260	0.167

*too early* to feed their children with starchy food, and to withhold milk."

Starches, as such, will not digest in an infant's digestive apparatus, only to a very limited extent, for the reason that the amylolytic ferment found in the saliva, pancreatic, and intestinal juices is not secreted in sufficient quantities to convert the raw starch into soluble sugar, and the result can only be that these hydro-carbons rasp and scrape down the alimentary track, denuding it of its epithelium, establishing blenorrhœas and serious bowel lesions.

Starches that are fed to infants should be baked at a temperature of 350° F. for *not less* than eight hours. This will convert the starch into *dextrine*, which *will not ferment* in the stomach, and when it reaches the duodenum the amylolytic ferments immediately convert it into maltose, or soluble sugar, and it is ready for immediate absorption and has had *no time or condition* to ferment!

The tough casein of cow's milk should also be partly pre-digested, so as to avoid insoluble, cheesy curds. All this is performed in a first-class artificial food for infants, as is *plainly indicated* by the above table.

As soon as one is aware that his services will be required for an accouchement, he will find that by requiring his patient to eat liberally of the above-mentioned bread foods that he is infiltrating the parenchyma of uterine tissue with a substance that will do much to prevent atony of that organ, and promote a physiological full term and useful normal contractions.

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## PROCEEDINGS OF THE BOSTON ORGANON SOCIETY.

Regular meeting of Organon Society held May 3d.

Dr. Wesselhœft read from the *Organon*, beginning at the 26th section.

Dr. Bell—In regard to the 26th section, I never quite understood or grasped the idea that the action of the remedy produced in the organism a stronger action than that of the disease. Of course, it is only a hypothesis, but it does not seem to me to be right.

Dr. Davis—Does it mean a stronger or a more potent effect?

Dr. Bell—It means a disturbance of the vital force. Now it does not seem necessary to produce a stronger effect on the vital

force. I think the curative action of the remedy, and its power to cure, is a fact, and must be known as that. But the manner in which it is done must ever remain a mystery. All hypotheses on the subject only lead to argument without deciding anything.

Dr. Wesselhœft—I think he means that a weaker dynamic affection is permanently extinguished by a stronger dynamic affection.

Dr. Bell—In regard to the last clause of foot-note 14, "nor are they dependent on material morbid matter," I would add, "nor are they dependent on microbes."

Dr. Wesselhœft—The 28th section shows how Hahnemann regarded this explanation of the action of the remedy. He says in effect, accept it if you want to; but he says, "I therefore place but a slight value upon an attempt at explanation." These are all theoretical explanations and we will read them, but to me they have never been satisfactory. I believe that the indicated remedy acts antipathically, that it acts *against* the process of disease.

If we let the totality of the symptoms be represented by a straight line, and if we let the *exact* simillimum be represented by another straight line, when these two forces meet there is a cessation if they are of equal strength. A sudden stoppage of all symptoms and the patient recovers in twenty-four or forty-eight hours from what usually takes a week or two. I think we have all seen such cases where the exact simillimum has been found, and the result has been a sudden stoppage of disease action.

Instead of a sudden stoppage of action we may have oscillations backward and forward with the symptoms growing less and less, until they finally cease.

It is very important in such cases not to interrupt the action of the remedy. Then again we may not get the simillimum, but we get as nearly a simillimum as possible, the nearest remedy that we can find, a *satis simile*. This does not meet the force of the symptoms exactly as the simillimum did, but meets it at an angle, which develops a new force, a new set of symptoms, the resultant of the other two forces.

Now we try to get a simillimum for this new force. If we do it stops; if we only get a *satis simile*, still another force, or new train of symptoms, is developed, and so we zigzag them into health.

When a young man I had an Apis case which made a deep impression upon me. The patient was a young woman, with mania



during menstruation, or rather, instead of a flow she would have violent congestions to the head with delirium. At these times she could not bear the slightest heat from fire or stove, and when exposed to it would have to go to the window or out-of-doors. I had given several remedies without relief, and it was just at this time that the proving of Apis was published. In reading it over I was struck with its resemblance to my case. I gave it, and the next menstruation was perfectly normal. When in Philadelphia some time after I related the case to Dr. Hering, and asked him what we would have done in this case without Apis. Dr. Lippe, who was present, said, "We would have zigzagged her into health by Sulph., Puls., and Graph."

Dr. Thompkins—Must we not always continue to zigzag, as we so rarely find the simillimum?

Dr. Wesselhœft—Certainly, most of our cures will be zigzag cures, but as we become more acquainted with the *materia medica* we may find the simillimum more often.

Dr. Bell—I really think the antidotal theory is better; it has always seemed more reasonable to me.

Dr. Wesselhœft—My father always accepted Hahnemann's explanation, but thought that the effect of the remedy went with the disease.

Dr. Bell—We are often called upon to explain these things to patients, and the antidotal theory can always be understood by them. Or such an explanation as this, I have seen a carpenter drive a round peg into a hole, and then drive it out again by a similar peg.

Dr. Wesselhœft—The selection of the remedy must always be "*similia similibus*," but the action of the remedy is "*contraria contrariis*."

Dr. Thompkins—I recall a case of chronic diarrhœa in which the simillimum was evidently found. The patient, a middle-aged woman, for three years had had an early morning stool driving her out of bed, faintness at stomach, ten to eleven A. M., soreness of the abdomen on standing or walking, especially after a stool. She would have several stools daily. I gave her Sulph.<sup>80</sup>. She had no early morning stool the next day, and since then her stools have been regular and her health perfect. That was six weeks ago.

Dr. Wesselhœft—Has any cutaneous expression appeared?

Dr. Thompkins—Not to my knowledge. I have seen her twice, and I found that from a child she had been accustomed to take crude Sulphur. Once when she had the small-pox her father gave her crude Sulphur in whisky, and she has been tak-

ing it all along until a few weeks before the diarrhœa began to trouble her. Now it is a question whether this condition was caused by the crude Sulphur and the potency cured it, or whether the potency made a cure where the crude substance had not prevented the symptoms from coming.

Dr. Wesselhœft—I think we all have such things happen. I have been treating a case of chronic rheumatism with much deformity, with ulcers on the legs, in a neighboring city, through another physician. There is also a nightly diarrhœa, sometimes in the morning. Thuja relieved very much. Then a cough came on some time later for which I sent Puls. The cough became better, the rheumatism worse, but she has had no loose stool since the Puls. She has had this diarrhœa for several years, always after midnight. I do not exactly see why the Puls. did it, although it was a nightly diarrhœa, and I have written for a full account of the diarrhœic symptoms.

I think such cures as the one Dr. Thompkins has related is one of the reasons why the older strict homœopaths are, the more enthusiastic they are. You never see an elderly Hahnemannian without being impressed by his enthusiasm over his cures. He will be much more enthusiastic than the younger men.

Dr. Jameson—The allopaths and mongrel-homœopaths get sadder and sadder the older they get; they become more skeptical.

Dr. Bell—In regard to foot-note 29, which has just been read, this is where they ascribe alternation to Hahnemann, but it is when the symptoms alternate.

Dr. Wesselhœft—Like the alternation of Rhus and Bry. in typhoid fever, he meant when the symptoms change, and Hahnemann by his alternation in such cases meant a dose of the thirtieth this morning of Bry., and then, perhaps, to-morrow night, if the symptoms required, a dose of Rhus<sup>30</sup>, and then, perhaps, in a day or two, the Bryonia symptoms would come up again; but these mongrel homœopaths have been giving Rhus and Bry. in alternation every one to two hours in typhoid ever since. I do not think that now we have to do such things, as we have more remedies. Hahnemann would not do it now, it would not be necessary. I do not recollect a case in which the symptoms alternated regularly. I think we will stop here. The next meeting will be the last for the summer, as Dr. Bell is going away soon, and when he comes back I shall go. So after the next meeting we will adjourn until next fall, when we will finish the *Organon*.

Adjourned to May 19th.

Regular meeting of the Organon Society, held May 19th.

Dr. Wesselhœft read, beginning at the fifty-second section.

Section 53 :

Dr. Wesselhœft—The following illustration is, perhaps, not particularly apropos to this paragraph, but I wish to mention it to show that we must know all of the ailments and conditions of our patients in order to make a thorough cure.

I have been treating a very healthy young lady, whose only difficulty was a trouble with her stomach, and early, profuse menstruation. This dyspepsia would come on periodically, and was characterized by pressure in the stomach with belching of gas, great depression of mind, and intolerance of her condition. One day she came hobbling into my office, and I asked her why she limped. She said her old corn was bothering her again. I looked at the corn (for this was the first time I had heard of it) and found that it was a large, horny growth on the outside of the little toe of the left foot. It was elevated half an inch and looked like a horn with two corn cores. There was a line of inflammation about it which was exquisitely sensitive to pressure on the corn. It seems that all this time she had been going at intervals to her corn-doctor. He would apply iodine and other such things, and, as the corn would improve, the condition of her stomach would get worse. Then she would come to me and I would patch up her stomach and the corn would get worse, but there was no cure of either condition. I told her there must be no more visits to the corn-doctor. There was exquisite tenderness and soreness, which "went all over her" from pressure on the corn, and I had her wear moccasins and such things so that there would be no pressure on it, but there was no change. Three weeks ago I gave her a dose of Sep.<sup>cm</sup>, and she came in to-day to tell me that the corn was dead. It was all shriveled into two little black nodules and could bear any amount of pressure.

It was a curious metastasis. When the corn would get better, in two or three weeks the stomach symptoms would slowly appear, then, as they improved, the corn would gradually get worse, but she never associated the two, or thought they had anything to do with each other. They were two conditions of the same disease, and not two diseases. And now they are both very much better. There were a few stomach symptoms of Sepia, and it also has great sensitiveness to pressure.

Corns may be the result of pressure, but not always. They are very often constitutional, and Hahnemann always mentions the symptoms of the corns in his provings.



Foot-note to section 59.

Dr. Wesselhœft—We ought to make a distinction between nosodes and isopathy. It is a great mistake to give a nosode for the disease from which it is derived on isopathic grounds. We do not give Psorinum for the itch, but it cures the consequences of the itch when indicated by the symptoms.

Dr. Davis—We often give Rhus for Rhus poisoning, do we not?

Dr. Wesselhœft—Yes, we often do, especially if Rhus symptoms are present in a considerable degree. We have had a case at the hospital that was the worst case about of Rhus poisoning I ever saw. Her face was one large scab, with intense itching and burning, great restlessness after midnight. Rhus<sup>cm</sup> was given with great relief, and she is nearly well now. They were afraid she would scar her face. She would scratch until it was all covered with blood, but her skin is coming out as fair as ever. I always let them scratch. It is perfectly barbarous to tie children's hands to keep them from scratching when they have tinea capitis. I always let them scratch all they please, and it is not true that children scar themselves from scratching.

Dr. Thompkins—I had a case of colic recently with great sensitiveness to pressure, much bloating of the abdomen, and relief from hot, wet clothes.

It was all very quickly relieved by Nux moschata. The next morning, in cautioning the patient not to use spices, she said that nutmeg was her usual spice, and she had eaten of it right along. Yet she was cured by Nux moschata.

Dr. Wesselhœft—Dr. Hering had a case once of chronic headaches that were often relieved by Nux moschata, but never cured. One day he found that the patient was in the habit of eating daily a custard thickly sprinkled with nutmeg. He stopped the nutmeg and there was no return of the headache. I think that Dr. Thompkins' case was a perfectly homœopathic cure, but we must not expect to cure every case of poisoning with the potentized poison.

Section 58.

Dr. Bell—I had a patient recently who had an attack of sciatica two weeks before she came to me. For this Morphine had been given by an allopathic physician. There was no headache or any pain the next day, but a cough developed, for which she came to me. I prescribed for the cough. It began to improve, but in a day or two the sciatica began to return. Then Bryonia cured both the cough and the sciatica.

## Section 59.

Dr. Scales—Somebody asked me the other day about Antipyrine. He had heard of some case in which the temperature had been reduced and thought it was a wonderful remedy. I told him the fever was simply a result of disturbances in the system of the patient, and if it was suppressed violently so much the worse for the patient.

Dr. Jameson—Dr. Holcombe, of New Orleans, said this was like large doses of Aconite in yellow fever, and it reminded him of putting a large board on top of a chimney; it stops the smoke but the fire goes on just the same.

Dr. Wesselhœft—This being the last meeting, I trust we will come together again next fall to finish the *Organon*, and then we can begin and read it over again. These meetings have been very instructive and enjoyable, and I think we all learn something new each time we read the *Organon*.

Adjourned until fall.

S. A. KIMBALL, *Secretary*.

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## REPORT OF PROCEEDINGS OF SYRACUSE HAHNEMANNIAN CLUB.

At the regular meeting of the Syracuse Hahnemannian Club, held April 13th, there were present Drs. Hawley, Brewster, True, Robinson, Schumacker, and Hooker.

In the absence of the President the meeting came to order shortly after eight o'clock, and paragraphs 18 and 20 of the *Organon* were read.

Dr. Brewster—When I find a case where there is coldness, prostration, sore throat, heat of the hand, which becomes more intense the longer the hand is held, I say it is a case of diphtheria, whether there are patches on the throat or not.

Dr. Hawley—The allopaths make fun of us for using symptoms. How do they make a diagnosis?

Dr. True—They do not allow the word symptom. They say "subjective and objective indications."

Dr. Hawley (paragraph 20)—We cannot comprehend the dynamic action of drugs by any process of reasoning, but by actual experience. I do not think this point is sufficiently brought out. We cannot tell why potencies act by reasoning about it.

Dr. Brewster—I tell patients there is no reason in medicine.

Dr. Hawley—There is as much reason in medicine as in love.

Dr. Brewster—You cannot prove, by reasoning about it, that Ipecac produces nausea and vomiting, but experience teaches that it does.

The main fact brought out during the discussion of Picric acid was its power of producing priapism.

Dr. True reported a case of hysteria which had given him a great deal of annoyance, and which was caused by unsatisfied desire due to a weakness in the husband. He prescribed four doses of Picric acid<sup>30</sup> for the husband, ostensibly for toothache, with the result of completely relieving the hysteria for some time.

Adjourned to April 20th.

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At the regular meeting, held April 20th, there were present Drs. Brewster, Hawley, True, Leggett, Robinson, and Hooker.

Dr. Seward being unable to be present, the meeting was called to order by Dr. Hawley at half-past eight o'clock.

Dr. S. L. Guild-Leggett was admitted to membership.

Paragraphs 21 and 22 of the *Organon* were read.

Dr. Leggett (paragraph 22)—The similar drug puts out the disease and leaves nature free to recover herself.

Dr. Hawley—The force (morbific) which makes a well man sick, and the force (drug) which makes a sick man well are *similar*, and repel each other so as to leave the vital force free. "Likes repel, unlikes attract."

Dr. Leggett—The *simillimum* is the most similar drug, in such potency that its force is just sufficient to neutralize the disease force.

Dr. Hawley—There may be many similars, but there can be only one *simillimum*.

Adjourned to April 27th.

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At the regular meeting, held April 27th, there were present Drs. Brewster, Hawley, Hooker, Leggett, and Robinson.

Paragraphs 23 to 26, inclusive, of the *Organon* were read.

Dr. Brewster—Have heard that small-pox cures or eradicates all previously existing miasms.

Dr. Leggett—Dr. Kent holds that a disease (infectious) ceases to be infectious as soon as the *simillimum* is given.

Adjourned to May 4th.

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At the regular meeting, held May 4th, there were present Drs. Condee, Hawley, Hooker, Robinson, Schumacker, and Sheldon.

Paragraph 27 of the *Organon* was read.

Dr. Hooker—Is it literally true that we must cover the total-



ity of the symptoms absolutely in all cases? We often find cases where the curative remedy does not cover the totality of the symptoms absolutely.

Dr. Brewster—Remedies and symptoms which are not found in the provings.

Dr. Robinson—Do the effects of a morbid force continue after the force has ceased to act?

Dr. Hawley—How do we know that the force has ceased to act?

Dr. Hooker—Does not a drunkard feel the effects of the alcohol he has drunk after it is all eliminated from his system?

Dr. Hawley—Does not the dynamis still act?

Dr. Sheldon—Can two similar forces, one a drug force and one a disease force, co-exist in the system?

Dr. Hawley—I question whether the drug force need be stronger than the force of the disease. "Likes repel; unlikes attract;" hence the two similar forces repel each other and leave the vital force free. The drug force must be equal in energy to the disease force.

Dr. Hooker—Does not that explain the theory of aggravation? If the drug force is stronger than the disease force, does not an aggravation result?

Dr. Hawley—I think that is so.

Dr. Hooker then gave a clinical talk on Sulphur, giving the following indications:

Irritability; involuntary haste in everything; weakness of memory, especially for names. Dullness and heaviness of the head; burning heat of vertex; itching of scalp.

Gone feeling in the stomach before meals, especially at eleven A. M.; fullness of stomach after eating a little.

Rumbling and gurgling in the bowels; painless diarrhoea, driving the patient out of bed at five A. M.

Cramps in the calves and soles, especially at night; burning heat of soles at night in bed, so that the patient puts the feet outside of the bedclothes.

Raue speaks of a urinary symptom which I have not verified, but I think it peculiar, and have found it present in one case, so will give it—irresistible urging to urinate on seeing water run from a hydrant.

CASE.—Was called to see a lady who had been struck in the left eye at the outer canthus by the edge of a pear leaf, so that there was a slight laceration of the conjunctiva.

There was some inflammation of the eye, great prostration, pain and restlessness, out of all proportion to the extent of the

injury. The eye symptoms seemed to call for Bell., but on "going down cellar" I found a chronic diarrhœa, driving her out of bed in the morning and without pain; burning of the soles at night, so that she would put them out of bed, and some other symptoms calling for Sulph. Sulph.<sup>30</sup>, three or four doses every half hour, brought prompt relief, and the repetition of Sulph. a few times during an interval of several months effected a cure of the diarrhœa.

Dr. Hawley—I think the Sulphur patient not only wants the feet uncovered, but wants to press them against the wall.

Dr. Sheldon—A lady, aged sixty-five, of scrofulous diathesis, had an itch-like eruption on her hands which she suppressed with Sulphur ointment. Following the suppression she had trouble with her stomach and then an attack of facial erysipelas of the vesicular variety.

Dr. Robinson—I did not know that cold, sweaty feet indicated Sulph.

Dr. Brewster—Coming on in the evening?

Dr. Robinson—At any time.

Dr. Hawley—I regard a hot spot on the vertex the size of a half-dollar as characteristic of Sulphur.

Adjourned to May 11th.

FREDERICK HOOKER, *Secretary*.

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## PROCEEDINGS OF THE ROCHESTER HAHNEMANNIAN SOCIETY.

The regular monthly meeting of the Rochester Hahnemannian Society was called to order at the office of Dr. J. A. Biegler, April 17th, by the President, Dr. Grant.

Members present: Drs. Grant, Biegler, Schmitt, Carr, Hoard, Hermance, and Baker.

Minutes were read and approved.

After the regular business was finished the Secretary read sections 116 to 131 from the *Organon*, which were the directions given by Hahnemann for proving of drugs, with the following discussion:

Dr. Schmitt—In considering the instructions given by the sections read, the late provings, excepting a few, are of little use. Take the provings by that "*grand society*," the American Institute; they are of no use. The old, reliable drugs, given by the older members of our school, are as reliable to-day as ever.

Provings of Cauloph. and even Berberis are not as reliable as the provings by those old fellows. The great difficulty is getting one in the condition to prove, as Hahnemann teaches. If we could get the inmates of a monastery to help us we might make more progress.

Dr. Biegler—The only way I have to notice the effect of medicines is in the sick as I prescribe. I cannot give up and follow the instructions given in sections read.

I know of one or two persons that stand ready to prove as I direct, but they are not reliable.

Many speak to me of the effect of the first powder I give. I saw a lady a few days ago in the street who came to me nearly blind. As I was passing her, thinking she did not know me, she hailed me, and told me the first powder I gave her and another to be taken some days after were the powders that did her the most good. She was taking Sacch. lact. between. She knew by the effect which powders were medicine. I smiled, thinking she did not see me, but she did, as her sight was much better.

Dr. A. C. Hermance then read a paper on constipation and treatment, and discussion followed.

Dr. Biegler—I think this a good paper and one that may do much good, as it may fall in the hands of some that want light and be a great help. I think it a better paper than any read before the American Institute last year.

Dr. Schmitt—I think this a practical paper, and enough of it to help us in our every-day practice. When I first began the practice of Homœopathy, I used to carry with me a paper written by Dr. Ad. Lippe on cholera infantum. That helped me out many times. We ought to have more of these papers, for they do much good.

Moved and seconded the paper be accepted and published in THE HOMŒOPATHIC PHYSICIAN. Carried.

Dr. Carr was appointed essayist for next meeting.

Adjourned to Dr. Schmitt's office in one month.

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May 15th, 1888, the regular monthly meeting of the Rochester Hahnemannian Society was called to order at the office of Dr. Julius Schmitt by the President, Dr. R. C. Grant.

Members present: Drs. Grant, Biegler, A. C. Hermance, Schmitt, Hoard, and Baker. Dr. Brownell, of this city, and Dr. Johnson, of Pittsford, N. Y., were present as visitors.

Minutes were read and approved.



Sections 131 to 145 inclusive were read from the *Organon*, which was the continuation of the investigation of remedies as to the proving of them upon the healthy and use in the sick.

Discussion followed.

Dr. Baker—One point I notice is that Hahnemann advises one dose. If we wish to get the pure effect of the drug, and allow it to act the same as when we prescribe for the sick, to give a dose and then let it alone.

Dr. Grant—How wonderfully explicit he is in every detail!

Dr. Schmitt—I will illustrate by reciting a case. A short time ago a messenger came to my office to get medicine for another who had colic, as it had been relieved before by Sulph. I sent that remedy, which gave no relief. I saw the patient the next day and found the following conditions: *Pain in the right side, extending up to the hypocondrium and to back; pain shooting up from abdomen into chest on both sides; better lying on the painful side; worse about three P. M. Lycopod.<sup>mm</sup> cured.* I gave the above remedy because I remembered much the same condition in myself, which proves we remember symptoms when experienced by ourselves better than when we read them. I had the pain in my right side, for which I could not account, unless it was caused by part of a toothpick I had swallowed, and which gave me some anxiety. As I was lying in an easy chair I found myself moving my tongue back and forth. I immediately jumped up and took a dose of Lye. I slept all that night, and was well the next day.

Dr. Carr, the essayist of the evening, being absent from illness, Dr. Schmitt proposed the "Class Talks," by Professor Kent, published in the last number of HOMŒOPATHIC PHYSICIAN, be read, as they might interest those present. He said papers like that lift a man right up. After the reading of "Class Talks" the following discussion took place:

Dr. Brownell—I would like to hear your idea, Dr. Biegler, in regard to the treatment of tape-worm, according to the article just read.

Dr. Biegler—He is right. I believe there are always enough symptoms in each case to make a prescription, and it is the only way to cure them. We must prescribe for the patient and not the worm. Some time ago a boy was brought to me for treatment. His father had had a tape-worm, and finally expelled it with pumpkin-seed tea. The son had a worm, and for over three years before he came to me had taken pumpkin-seed tea without relief.

Under treatment the worm was finally expelled, but the boy

did not get well. Marked symptoms for Gamboge came up, which cured all the symptoms and the boy remained well.

I reported the case at the last meeting of the I. H. A., and it was published in THE HOMŒOPATHIC PHYSICIAN, Nov., 1887, page 428.

Another case is a gentleman. I gave Felix mas  $\phi$ , together with the anti-psoric remedy. The worm was expelled, but the patient did not regain his health and is still under treatment. This treatment is recommended by Hahnemann.

Dr. Brownell—I prescribed pumpkin-seed tea in the case of a boy with a tape-worm, who had ceased to grow, was puny and in bad health. The worm was soon expelled, and the effect was wonderful. He began to grow and get fat, and in six months you would not have known him, and he remains in the best of health.

Dr. Schmitt—It may be pumpkin-seed tea was homœopathic, for it will not expel the worm in every case.

So far I have been successful in only one case. The patient had never been well, and after he was rid of the worm did not regain his health. This case proves that simply the expulsion of the worm will not cure the case. June 21st, 1883, he received a dose of Natr. carb.<sup>cm</sup>, which was soon followed by pieces of tape-worm.

July 5th, another dose of 30 M. Between this dose and the next he received Berberis for a urinary trouble, which only palliated the following symptom, for which it was given—cutting colic, with nausea.

August 5th he came to me with a worm's head.

September 10th he came with another piece of worm. He received another dose of Natr. carb.<sup>cm</sup>, and finally there was a second head expelled. There were, no doubt, two worms.

From September until January he had no medicine. He then received Sulph., followed with Merc., the trouble now being a calculus. Indications came up for Mezer. *At stool he had tenesmus of the bladder, and a stitching pain in the penis.* In the evening he had to urinate, during which he felt something pass, and on examination found a calculus. The point I wish to make is, the patient does not get well after simply expelling the worm.

Dr. Biegler—Calculi can be expelled with our remedies if the calibre of the urethra will allow.

Dr. Hoard was appointed essayist.

Adjourned to Dr. Biegler's office, the second Tuesday in June.

DR. W. H. BAKER, *Secretary.*

## CONSTIPATION AND SOME OF THE MOST PROMINENTLY INDICATED REMEDIES IN ITS TREATMENT.

The intestinal apparatus should in a healthy individual complete its revolution once in twenty-four hours. During this period, the whole process of digestion should be completed, from the entrance of the food into the stomach to the expulsion of the fæces. Any deviation from this should be regarded as a departure from health. However, in some cases, due to constitutional peculiarities, the bowels do not act more than once or twice a week, and yet the individual apparently enjoys good health. Constipation is a mere symptom, and not a disease, and dependent upon some other derangement of the organism, which must be found and corrected if possible, after which the troublesome costiveness so complained of by the patient will have disappeared. How often is this trouble treated as if it were a disease itself, and with but one symptom, especially by the average old-school physician and by the mongrels, who, through indolence or ignorance, more frequently the latter, prescribe anything that will produce an immediate movement of the bowels, be it what it may, an ounce of *Castor Oil* or a *Warner Liver-pill*, and the means thus used to remove the difficulty too frequently operates to fasten it upon the system. This very distressing trouble arises from a great variety of causes: sedentary habit, close mental application, grief, sorrow, derangement of the stomach and liver from improper food, cathartic medicine, astringents, etc. From whatever cause, we must endeavor to find it, and, as good Hahnemannians, fit our remedy to the individual case according to our acknowledged law. I think I am safe in saying that the most frequent cause of this trouble is the taking of cathartics, ignorantly, perhaps, by the patients themselves, and the prescribing of them scientifically by the aforementioned physicians, the result of which, as I have said, is to increase the difficulty and lay the foundation of incurable diseases, making life a burden to many an individual.

In the treatment of constipation, the habit of the patient is to be first considered. There is no physician who has not often been amused by what patients consider constipation. One thinks himself costive unless he has a movement two or three times a day, while another having but that number a week considers his bowels regular. The habit of going regularly to so-



licit an evacuation is of much importance in patients that are in the habit of postponing the same. The diet also must be carefully considered, the drinking of strong coffee and tea or improper food being a prominent cause. Let us look for the pathological condition, find the cause, if possible, and prescribe, not upon the "sewer flushing" principle, but according to law of similars, totality of the symptoms, the single remedy, and the dynamic power of the drug.

To mention all the remedies that may be useful in this trouble would be too much to attempt in a paper of this kind, so I have confined myself to a few of the most frequently indicated ones, giving but the prominent characteristics for the same.

*Æsculus hippocastanum.*

One of the most prominent symptoms of this remedy is the *constant backache*. Prolapsus ani after stool with *backache*. Constant dull *backache*. Soreness, lameness, aching in the *back*, always worse from motion, especially walking (also Bry.). Constant urging with ineffectual effort (also Nux vom.). Large, dark, dry stool, with feeling as if the *rectum* was full of *sticks*. *Hemorrhoids*, with the characteristic *backache*. Feeling of fullness, dryness, and *sticks* in the rectum.

*Alumina.*

*Constipation of nursing children* (also Verat. alb.), inactivity of the rectum, *even soft stool requires much effort to expel*. No desire for nor ability to pass stool until there is a large accumulation. Ailments from lead poisoning (also Opium). Stools hard, knotty, and covered with mucus. [Comp. with Plumb., Opium, and Sil.]

*Amm. muriaticum.*

The fæces are covered with a glairy mucus. *Obstinate and extreme constipation, with much flatus*. Hard, crumbling stool (also Mag. mur.). Stools large and hard, followed by soft stool (also Anac.). *Particularly useful if hemorrhoids occur after suppression of leucorrhœa*.

*Anacardium.*

*Great desire, but with the effort the desire passes away*. Frequent ineffectual urging. The rectum seems powerless, as if plugged.

*Hemorrhoids*. Sensation of a hoop or band around parts. *Hemorrhoids with constipation*.

*Antimonium crudum.*

Alternate diarrhœa and constipation, especially of old people (also Bry. and Phos.). Stool hard, with difficult expulsion.

*The thick, milky, white coating on the tongue, and gastritis aggravated by sour things, are prominent characteristics of this remedy.*

*Bryonia.*

This remedy and *Nux vom.* are two of the first remedies we think of in this trouble, and for that reason they are too often given in an empirical way. The stool of *Bryonia* is *hard and dry, as if burnt*. Severe frontal headache, coming on in the morning and gradually increasing until evening (also *Spigelia*), or headache extending backward and down the shoulders, *all troubles worse from motion*. *Very irritable, parched lips. Thirst for large quantities of water*. This remedy is frequently indicated in troubles arising from warm changes in weather. This I have often verified.

*Chelidonium.*

*Stool like sheep's dung* (also *Plumb.*, *Rut.*, and *Mag. m.*). *Constant dull pain under lower and inner angle of right shoulder blade*. Hepatic disease with jaundice.

*Ignatia.*

Constipation from taking cold or riding in a carriage (also *Platina*). Stitches from anus up rectum, inactivity with anxious desire, prolapsus with every stool (also *Podoph.*, *Rhus tox.*, and *Sep.*), full of suppressed grief with empty feeling in the stomach, bad effects from the use of tobacco.

*Lycopodium.*

Stool very hard and scant, and passed with great difficulty. Ineffectual urging, especially in the evening. Sensation after stool as if much remained. Much fermentation in abdomen, loud rumbling and gurgling in bowels, red sand in the urine (also *Phos.*, *Sil.*, and *Dig.*). Acidity and heartburn, with great drowsiness after eating. Aggravation from four to eight P. M. Sense of satiety after eating very little.

*Magnesium mur.*

Large, difficult stool, which crumbles when voided (also *Amm. mur.*) like sheep's dung (also *Plum.*, *Ruta*, and *Chel.*), covered with blood and mucus. Absence of desire; atony as with the bladder.

*Nitric acid.*

Painless constipation. Stool hard, dry, and scant; head feels as if surrounded by a light band (also *Anacardium*, *Merc.*, and *Sulph.*). Sour eructations; sour, bitter taste after eating (also *Nux*). *Strong-smelling urine, like horses'*; fissures in anus; tearing and spasmodic symptoms during stool; lancinating after, even after soft stool.

*Nux vomica.*

This remedy is so thoroughly known I can say but little about it. Large, hard stool, passed with difficulty, frequent urging without effect (also Bry. and Lyc.). Victims of drugs; high livers; blind and bleeding piles; *sensation of stone or lump of lead in stomach, frequent eructations of sour or bitter fluids*; persons of sedentary habit and pregnant women (also Bry., Lyc., and Sep.). Frequent desire; passing small quantities; feeling as if not done; bad effects from coffee, rich food, late hours; head feels distended.

*Opium.*

A most excellent remedy when indicated. *Torpidity of the bowels* after chronic diarrhœa or abuse of cathartics (also Nux); stool nothing but *small, hard, black balls* (also Plumb.); constipation from fright or fear (Gels. has diarrhœa from same); constive for weeks with loss of appetite; paralysis of intestines from lead poisoning.

*Phosphorus.*

Fæces long, slender, narrow, tough like a dog's, very difficult to expel (also Caust.). Alternate diarrhœa and constipation of old people (also Bry. and Ant. c.).

*Platinum.*

Stool scant, like putty, *sticking to the anus like soft clay*; constipation while traveling; low-spirited and very nervous; after an evacuation sensation of weakness or chilliness in the abdomen; suitable after lead poisoning (also Alumina and Opium).

*Plumbum.*

Constipation with violent colic; stool composed of little, hard, black-brown balls (also Opium) like sheep's dung (also Chel. and Ruta).

*Pulsatilla.*

Constipation consequent upon eating *rich, greasy food*. Alternate diarrhœa and constipation. Adapted to females or persons of mild, gentle, yielding disposition.

*Ruta grav.*

Constipation following mechanical injuries; great difficulty of voiding stool on account of protrusion of the rectum; frequent urging with protrusion of the rectum; like sheep's dung.

*Sepia.*

*Sense of weight or lump in rectum, not relieved by stool*; especially suited to pregnant women, or females suffering from uterine difficulties; pain in rectum during and long after stool; hard, knotty, insufficient stool covered with blood and mucus (also Mag. mur.); involuntary straining; *yellow saddle across nose*.



*Silicea.*

Difficult expulsion of even soft stool ; after much straining it seems to recede into the rectum after being partially expelled ; the rectum seems to have no power to expel it ; constipation of females particularly before and during menstruation, also of infants and scrofulous children.

*Sulphur.*

Constipation with convulsions, alternating with diarrhœa. First efforts very painful, compelling one to desist. Constant heat on vertex ; frequent faint spells.

*Sulphuric acid.*

*Much debility, with a tremulous sensation over the body without trembling ; knotty stools streaked with blood and very fetid.*

*Thuja.*

Ineffectual urging with eructations ; *hard balls* ; obstinate constipation from inactivity or intussusception ; violent pain in rectum during stool.

*Veratrum alb.*

Chronic constipation of infants (also Alum and Sil.) ; inactivity, rectum seems paralyzed ; much straining, *with cold perspiration* ; great exhaustion and fainting after stool.

ALEX. C. HERMANCE, M. D.

ROCHESTER, N. Y., April 9th, 1888.

## THE VITAL FORCE.

W. A. HAWLEY, M. D., SYRACUSE, N. Y.

*The cause of disease always dynamic.* An old, venerable, and venerated authority says, "The things of the spirit are discerned by the spirit." The life is the spirit, and it is not intellectually discerned nor demonstrated, but is its own proof and experience. It is the cause of all things in the animate world, and has power to raise inanimate matter up to its own plane. Its operation in living forms is called "The Vital Force." Now, while this is true, the vital force in one living form often is so entirely inimical to the vital force in another living form that if the two are brought in contact one is entirely driven out of its form, and the form is dead, has no life, no spirit. There are also in the inanimate world other forces, known as chemical forces, which, brought into contact with vital force in its various forms, will drive out of some of them the vital force, and so the form is dead. Now let it be noted that these things which we call vital force, chemical force, or even mechanical force, are each and

every one *invisible, intangible, imponderable*, and immaterial. We apprehend none of them with our bodily eyes, we perceive none of them by our reason, but we apprehend them as we do our own life, by *experience*, or, as said above, they are discerned by the spirit. Moreover, these things are the causes of all things in nature, and therefore are the *real* things in nature of which nature is only the form. In this wonderful fact, this fundamental truth of truths, lies all the philosophy of life and death, of health and sickness. On it, here in this eleventh paragraph of the *Organon*, Hahnemann bases the whole superstructure of therapeutic science, the *science of healing*. If one is ever to become a real, an *enthusiastic* receiver of his system of medicine, he must get hold of this idea so that he *knows* that all *real* things are in the intangible realm—the realm of *Forces*.

Further then, forces being the *cause* of all forms, they must exist before the forms, and therefore *may, yes, must*, exist after them. When this is seen the cause of disease and the mode by which it may be cured becomes entirely intelligible and all the difficulties concerning the much disputed matter of potentization vanish. For it is always the invisible force residing in the form and not the form itself which is the cause of any phenomenon. Your watch is stopped. Examination reveals a particle of sand has somehow found its way to a lodgment between the cogs of two connecting wheels and the watch is stopped. What stopped it? The sand, surely. Was it the form that did it? Take out that intangible, invisible something called chemical affinity and instantly it vanishes into its original elements and your watch is again in motion. Thus we see that even in this mechanical disturbance the cause is dynamic. In this paragraph of the *Organon* the author asserts that the cause of every departure from health is some such intangible force, recognized only by the symptoms which it produces. This we can see to be true in an illness caused by a fright or violent anger, but in a case of poisoning, by a snake bite, for instance, what is it? Evidently not the material of the virus, as is evinced by the rapidity of its transmission over the whole man, but it is that peculiar something, *intangible but real*, which makes the *snake*, is indeed the *real snake*, and of which the form of the virus is the vehicle. The materialist may tell you that it is the action of the substance of the virus on the cell which causes the result, presumably by a combination of the substance with the substance of the cell. Grant it. What causes the combination? That is just the question which is only answered by the existence of an intangible, invisible, immaterial something which we call force or dynamics.

But says the materialistic scientist, "Force is only a quality of matter. I put my hand on this table and I find there is force there." Yes, who says no? Still, force is not matter, but that which aggregates matter. Some one has well said, "Force is order, that which renders chaos cosmos." What is the universe but an infinity of forces harmonious ever? The cause of all effects, it makes every effect the cause of some other effect. Yet we cannot see it and only know it as we experience it, and while experiencing it continually, we are scarcely conscious of it, unless it be something which disturbs the harmony of the forces which we ourselves *are*. The application of this subject to the cure of disease need not here be considered. We shall come to that later.

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### CLINICAL NOTES.

I. Miss Addie S., age twenty-three, of Harlem, has had for past three years an intense craving for salt; covered her food with it and ate it by the spoonful several times a day. Also used tea excessively, and for years had been in the habit of taking Quinine for every indisposition, colds, etc.

I saw her first about February 24th (seven P. M.), and gave her one dose of Dr. Fincke's *Natrum muriaticum* <sup>45m</sup>. Saw her again on the 25th about four P. M., and she said that she had not wanted any salt for breakfast nor for lunch, and up to this time her craving for salt had not returned.

A week later was told that she had taken a dose of Quinine for a cold, and it made her very sick at her stomach. She has attempted to take it since but with like results, and can no longer use it.

Four weeks after taking the *Natr. mur.* she had lost all craving for tea, and no longer drinks *any*, while she was accustomed to drink three and four cups at every meal.

I gave but one dose, and if I am not mistaken, it was the only dose of homœopathic medicine she had ever taken. The cure has been permanent.

II. Mrs. N. A. G., age thirty, Harlem, received a shock last October on being told that she was liable to arrest if she sold the mother tincture of Aconite without a physician's prescription. Since then she has suffered from excessive nervousness and constant dread. Had to have some one stay with her all the time.

I saw her for the first time on February 21st. Gave her one dose of Sulphur<sup>200</sup>, and left one dose of Fincke's *Natrum*



muriaticum<sup>45m</sup> for her to take four days later. From that time on she took no other remedy.

About a month later I received a message from her stating that she had entirely recovered. I had not seen her in the meantime. Also received following note:

"NEW YORK, April 3d, 1888.

"DEAR DOCTOR:

"The medicine you prescribed for me has worked a complete cure. I am now feeling perfectly free from the nervous trouble, and am well and getting stout. Many thanks to you for your kindness.

"Very gratefully,

"N. A. G."

III. Last fall X. proved a remedy (the name of which he cannot recall at present) which had special action on the arterial circulation. It left him with marked strabismus of both eyes, and very marked ascites and dyspnœa on slight exertion. After trying several remedies without any change, he took one dose of Theridion<sup>200</sup>. It caused a great discharge of water, per rectum, which lasted for about two days and then disappeared. The strabismus also disappeared.

Seven days later X. took a second dose, when the discharge came on again. This time very frequent, in large quantities, and very bad smelling. Had very little pain, slight nausea, very dry tongue. This attack lasted about two days, when the dyspnœa was greatly improved, and the ascites had entirely disappeared, leaving the abdomen perfectly flat.

About ten days afterward took another dose, and three or four days later had a slight fever, followed by a violent, shaking chill, which lasted a day; felt as though every bone in his body would break. Mouth *very dry*, headache in left temple and over left eye. In fact, X. got an excellent proving of the drug from this third dose. Was in bed two days with this attack, and was left *very* weak for some days.

After a few days there appeared around the umbilicus, mostly on the left side, a bright red eruption which itched violently, and a similar patch in each lumbar region and at the *left ant. sup. spinous process* of the ilium. There was a shining, sticky discharge from the eruption at the umbilicus, which gave the patch a varnished appearance. There also seemed a slight moisture from the umbilicus. Also had the profuse, thick, yellow, bad-smelling discharge from the nose as described under Theridion. After this discharge had lasted for two weeks, X.

took Apis.<sup>1m</sup>, and after taking a few doses the eruption and discharge entirely disappeared.

Following the chill there was an intense aching in the bones of the feet and soreness of the soles, also an acute attack of piles, which disappeared after the first dose of Apis.

ELIZABETH W. M. CAMERON, M. D.

NEW YORK.

## RHEUMATISM, AND A PLEA FOR THE HIGHER POTENCIES.

(Read before the Homœopathic Medical Society of New Jersey, May 1st, 1888.)

I was called one evening to a boy sick with acute rheumatism, then suffering excruciatingly from pain in the lower abdomen, left testicle, and left thigh; he became delirious during the attacks, thinking his attendants were hurting him, and also saying "Give me something to tear." I told them to give him a newspaper, which he tore up quickly. The violent pains causing delirium and the desire to tear something seemed equally to call for *Veratrum album*, which I gave in the 200th potency with the most rapid and complete relief. At another time he suffered most painful urging to urinate, with erections and bloody urine, the attacks coming and ceasing suddenly. I had given *Cantharides* without relief, when my friend, Dr. Griffin, who saw the case with me, advised *Belladonna*, which I gave at once in the 50M potency with prompt and lasting relief.

On January 16th I was called to see Mrs. —, who had been in bed three weeks with an attack of rheumatism in the right shoulder and arm, and had had old school treatment, which included hypodermics of *Morphia*. The rheumatism had been preceded by neuralgia over the right eye with fever for three weeks, for which she said she had *Arsenic* and much *Quinine*. She now has pains in the right shoulder and scapula, which extends down the arm. The pain is an aching, almost constant, and is worse from any motion even of the hand. But I found she could bear passive motion, yet wanted to keep the part still. Much thirst. No stool for three days. Temperature, 100. Pulse, 120. She received *Bryonia*<sup>50m</sup> (Skinner) in water, a teaspoonful every hour to four hours, according to severity of pain.

January 17th.—Less pain; slept much; bitter taste in morning. Pulse, 100. No medicine, as the case was clearly better.

January 18th.—Tongue cleaning ; less thirst. Pulse, 90. No medicine, but has Bryonia to take if the pain returns. After that she improved, and I made no note of the case till February 6th, when I wrote : “ Is improving. Bowels move occasionally with enema ; she had desire for stool, but not strength enough to expel it. Tongue clean. Appetite good. She sits up all day and uses the arm much.

February 14th.—Skin dry ; no sweat ; mostly needs an enema for stool. Sulph.<sup>cm</sup>, Fincke, one dose.

February 21st.—Has natural daily stools without enema. Has a restlessness of the legs coming right after supper and preventing sleep. I gave Platina<sup>9c</sup> (Fincke), one dose dry on the tongue.

March 5th.—The restlessness of the limbs, which was better, has returned again, preventing sleep. Platina<sup>6m</sup> (Fincke), one powder, was given and completed the cure.

CASE III.—February 13th, 1888.—Mrs. M. Rheumatism in left shoulder beginning two days ago. She took Bell. yesterday, since which time she has had less pain and more sweat at night. The shoulder feels very heavy, and is the seat of an acute beating pain, worse from moving even the fingers. Headache ; severe backache ; tongue dry, with thin, yellow coating ; taste bitter ; no stool for two days. She received Bryonia<sup>50m</sup> (Skinner), three doses in water two hours apart. She was seen daily for some days, steadily improving, and getting only one more dose of Bryonia in the same potency, dry, when she complained on the 20th of ineffectual desire for stool, heaviness in the head, and want of appetite. These were removed by a dose of Sulphur<sup>cm</sup>.

I have presented these cases as examples of improvement quickly following the use of remedies chosen by the rule of similarity of symptoms and given in an infinitesimal dose, and I think those of you who have seen much of the disease will agree with me that the results leave little to be desired. You will notice that one of these cases had been in bed three weeks under old school treatment, and that another was a recent attack. It, as well as the first patient mentioned, was also in bed.

I hope there is not now any need to plead before this Society that similarity of symptoms in drug effect and in disease is the basis of scientific prescribing, and such prescribing the only way of securing the beneficent action of natural law in the work of medicinal cure. But I would like to inquire, what is the ground of our belief in the truth of the homœopathic law ? Does our belief rest on any speculative foundation ? Has it been deduced from the principles of philosophy, or inferred from the postu-



lates of logic? No; it rests on the sure foundation of demonstrated and even more demonstrable fact. Its perpetual defense is the daily repeated, daily verifiable experiment. Given the assertion of a truth and the means of its verification, with whom rests the responsibility of ignorance? When Dr. Gross said to the American Medical Association not many years ago, "Of the reputed virtues of Aconite as an antiphlogistic, we know nothing," he said it in the face of scientific testimony growing stronger through three-quarters of a century. But was Aconite any less active because of Dr. Gross' ignorance and neglect? How many homœopathic physicians are there who would not now have to say, "Of the reputed therapeutic powers of high potencies we know nothing"? Yet the high potencies go on working, curing, in spite of all ignorance and unbelief. Truth is constant, patient, enduring, beneficent, and secure. Hence she is always at our side in loving ministry. In the literature of Homœopathy the evidences of the higher attenuations being often, if not always, really stronger, therapeutic potencies is yearly multiplying. I would therefore ask my medical brethren to consider whether they are doing their duty as healers, whether they are not neglecting the rights of the sick to whatever is best in medicine, in neglecting to put to the test of experiment the claims of the potencies as healing powers. The same method of proof or refutation is available in this case as in the question of the truth of the law of similars. Hahnemann challenged the opponents of Homœopathy to show by easy experiment, what ridicule or invective have never shown, that his doctrine was false. In how many a notable case, like that of Hering, did the attempted refutation turn against the refuter, and convince him against his prejudice by the clear logic of facts.

But do I hear it said that you have tried the higher potencies and that they don't work? Yes, I have heard it so said. Do you remember the case of Andral, who professed to try Homœopathy in Paris more than half a century ago, how without any knowledge of the homœopathic remedies he used them in certain cases and said they all failed? And how it was shown in a medical journal of the time that he made a wrong application of every one that he employed? We must not charge failure, therefore, when, the conditions of the experiment being disregarded, no experiment really is made. And the gentlemen who have personally told me the higher potencies were not satisfactory were by their own statement not accustomed to the use of the single remedy chosen according to homœopathic indications, and were therefore presumably ignorant, like Andral, of the first

elements of a homœopathic prescription, and for this reason incapable of making a scientific experiment in the case. For to prescribe homœopathically it is necessary to know much more of the patient than is requisite to name his disease, much more of drugs than their established relations with nosology.

Gentlemen, the question of potency is not a question for partisan prejudice nor for speculative treatment; it is a question of simple science, susceptible of determination by the methods of science. I do not stand before you to denounce the use of lower potencies. Their effectiveness has been invulnerably established. But how? By repeated experiment. It is only by the same method that the higher have obtained with many a place of preference and of increased confidence. They who stand securely on the higher rounds of a ladder, know too well how the lower helped them, ever to despise the lower; but the wider horizon and clearer perspective found above forbid all desire to descend. And so the masters in our art have seen in the working of the higher potencies an enlarged horizon of therapeutic possibilities which they do not wish to lose. I want to say here how false is the belief, how mistaken the persons, who yet inculcate the belief that there is any schism in the homœopathic school on the ground of potencies, high or low. True, there is much difference, but difference in potency employed does not constitute difference in kind, nor hinder mutual sympathy, co-operation, and support. But the schism that *is*, the wearing of the fair name of Homœopathy and then dragging her colors in the dust under the specious pretense of doing *anything* to save the life of the patient, as if Homœopathy could not always do the *best*, and which seeks support and credence in ridiculing the infinitesimals of Homœopathy, as her bitterest enemies have done, this I repeat is the schism which is hated of her soul. Let us read what her greatest minister says of this and of his experience of the dose in a single sentence in his *Organon*: "Least, I say, since it stands and will stand as a homœopathic rule of cure, refutable by no experience in the world, that of the rightly chosen remedy the best dose is always the least, in one of the high potencies (thirtieth), as well for chronic as for acute diseases—a truth which is the invaluable property of pure Homœopathy, which, as long as allopathy (and not much less the modern mongrel sect, composed of allopathic and homœopathic treatment) yet continues to gnaw like a cancer upon the life of the sick, and to corrupt them with greater and greatest doses of medicine which will keep these false arts remote from the pure Homœopathy by an immeasurable gulf."

Returning now to the subject of potency, let me briefly revive the testimony of some of the leading experimenters in our school. Says Dr. Watzke in the *Austrian Journal*: "I am, alas!—I say, alas! for I would much rather have upheld the larger doses which accord with the current views—I am compelled to declare myself for the higher dilutions. The physiological experiments made with *Natrum muriaticum*, as well as the great majority of the clinical results obtained therewith, speak decisively and distinctly for these preparations." During the ten years from 1850 to 1859 inclusive one hundred and forty cases of pneumonia are reported as treated in the Leopoldstadt Hospital in Vienna, under the care of Drs. Wurmb and Eidherr. During the first three years fifty-five cases were treated with 30x potency; during the next three years thirty-one cases with the 6x potency, and during the last four years fifty-four cases with the 15x. Most careful and varied records were kept, with this result as to the duration of the sickness: The group treated with the sixth decimal, average duration, 19.5 days; group treated with 15x, average duration, 14.6 days; group treated with 30x, average duration, 11.3 days. We see in this most extensive, carefully recorded comparison, how the use of the higher potency was in both cases followed by a lessened duration of the disease.

Dr. Von Bönninghausen, who even rivaled Hahnemann himself in therapeutic skill, "expressed a decided conviction of the superiority of the high potencies over the lower in both acute and chronic diseases."

Dr. Aegidi, "after a long course of experiment embracing the history of more than four thousand cases, announces a clear and unequivocal preference for the high potencies in both acute and chronic diseases."

And so I could go on adding name to name in the list of those who, in our own as well as in foreign lands, in our own as in times gone by, whose sufferings for Homœopathy have done so much to lighten our labors now, and whose names are her renowned, who have made the needed experiment and become persuaded of this same truth.

I would close with the remarks of the veteran Bayard in his tribute to the memory of Constantine Hering: "I remember," he says, "on a certain occasion early in my practice I told Dr. Hering of my suffering. He asked me the remedy I had taken and seemed to think it well chosen. He then asked the dilution. I told him the third. 'Ah!' said he, 'you have stopped it, but perhaps not made a cure.' He shook his head and seemed much



disappointed. He said no more, but he caused me to reflect that it might well be so, that I had thrown an obstacle before the diverted vital force—that I had stayed its forward movement by a shock that injured its reactive power, as a boulder thrown before a carriage wheel in motion stops it, but cripples the wheel.”

EDWARD RUSHMORE, M. D.

PLAINFIELD, N. J.

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## VERIFICATIONS OF SYMPTOMS.

(Read by FLORA A. WADDELL, M. D., at the Homœopathic Medical Society Delaware, Ohio, May 8th and 9th, 1888.)

My name being placed in the Bureau of Clinical Medicine for this year, I will respond by calling your attention to a continuation of the subject of last year, the verification of some of the symptoms occurring in my practice since that time. I hope some others present have something to offer on this subject, as *verified* symptoms soon make a strong and indisputable work of reference on which all may depend.

CASE I.—Toes itch and burn; are red and swollen, as if frost-bitten. This condition had annoyed the patient for eight years, every spring and fall; was very severe. The only relief obtained was by applying Chloroform to the affected parts. This would relieve for a short time. Gave *Agaricus*<sup>30x</sup> two doses, one hour apart, which entirely relieved for two weeks, when a slight return made it necessary to repeat the dose. Has not had a return since taking the last medicine, over a year ago. Had four other cases of chilblains presenting the same symptoms cured by *Agaricus*.

CASE II.—A lady having diarrhœa before and during menses, so severe as to debilitate her very much. Had been troubled for the past three years. Noticed, while talking to her, dents on her fingers caused by the scissors she had been using. The patient said any hard pressure left such marks. That made me think of *Bovista*. On looking over the proving found it had all the symptoms she gave me. Put up some powders of the 30x to be taken one three times per day, during her need of them. The morning of the fifth day she came into the office, saying, “I have something new the matter this month. For the last three mornings I awakened with such fearful cramps in my lower limbs that I cannot stand it any longer. I have to rub and work with them a long time before I can get up, when it passes off until the next morning, when it is the same thing over

again." I went to a repertory, as the condition was not a common one, and found Bovista was the remedy, the cramps being a proving. I gave Sac. Lac., and in a few days they disappeared. She was much improved otherwise. The next month gave the 200x, one dose every other night. This did not cause any trouble and cured the diarrhœa, as there has not been a return for the past four months.

CASE III.—A lady had pneumonia; was not called until the third day of her sickness. On entering the room the sight was startling. It seemed as if there was small chance for anything to afford relief, still less to cure. The effort for breath was so great, the eyes seemed fairly starting from their sockets. In broken words she gasped, "I cannot move, I cannot breathe for this pain in my lungs." Every effort to cough would start the tears. I dissolved a few pellets of Bryonia<sup>45m</sup> in a teaspoonful of water and dropped a few drops at a time on her tongue. In about fifteen minutes she commenced to breathe easier; in an hour she could turn with help, and in three hours was asleep. Gave Sac. Lac., every hour; only one dose more of Bryonia, same potency, the third day, as improvement seemed to cease. This should convince the most skeptical that virtue exists in the high potency as well as the low when applied according to the rules laid down in our guide book, *The Organon* of Samuel Hahnemann.

CASE IV.—A Methodist minister's wife had for the last eight years been afflicted with rush of blood to the head, chest, and arms, so severe as to make life a misery. Feet cold, and must constantly move them, especially after lying down at night. Hering gives the symptoms under *Lilium tig.* like this: Fullness of head with pressure outward, as if contents would be forced through every aperture, conscious pulsations over whole body, and out pressing in hands and arms, as if the blood would burst through the vessels. Constant motion of the feet and limbs on lying down. Gave *Lilium*<sup>200x</sup>, one dose every night until relieved, then three times per week until cured. The peculiar symptom in this case was that she paid her bill and sent a number of her friends to me for treatment. In our part of the country the ministers expect us to do their work for thanks and help to pay their salaries besides.

I now wish to call the attention of the physicians present to a remedy called Crawley. I have never seen it mentioned in homœopathic literature, have never known of a proving. I have produced a few symptoms in cases where I have been giving it, but they were too sick at the time to push the drug effects

any further. King's *Dispensatory* gives all the knowledge I have of it except my own experience. It states that it was used by the M. D.'s of long ago for fevers in its powdered state. I obtained some fresh roots and made a tincture of them. The high price I paid for them should have made it resemble Aurum metallicum. From this I prepared the third potency and commenced experimenting with it. I found it would cure the common fevers for which we usually give Aconite very much the same way. It is very effective in the first stage of typhoid, which Aconite is not. It will break *hectic* fever where it has not passed beyond the stage of cure without leaving the patient prostrate afterward. There is another peculiar fever we meet with occasionally that I have never been able to cure with anything. Perhaps others have been more successful. Such cases as have had this condition for a number of years coming on in the forenoon and lasting until midnight, the fever reaching its height about two o'clock in the afternoon. Can bear only the lightest covering at night, even in the winter time. They do not have a chill in the beginning, no perspiration following. From twelve o'clock until morning can be covered and sleep well. Appetite good. Usually able to be about, but very nervous in the afternoon.

This fever has some diseased conditions aside from the fever not the same in all cases. I have found it in both sexes, and with very different symptoms in each case. Would remove all the rest of the trouble with the properly selected remedy, and expect this fever to go also. Alas for my expectations! they failed to be realized. Without a knowledge of this remedy should have failed in curing my cases. As an illustration, I will give one case. Lady, thirty years of age. Has had urinary trouble for five years, accompanied with headache, etc., a well marked Sulphur case. Gave Sulphur<sup>200x</sup> and upward until it removed all the urinary and head symptoms. She said: "There is one trouble your medicine does not reach. I am better than I ever expected to be, and would think I was well if it was not for this fever I have coming on every day in the forenoon and lasting till midnight. I cannot bear only the lightest covering, and the soles of my feet, the inside of my hands, feel as if on fire, and I get so nervous in the afternoon I scarcely know what to do. Still can work some, and go about all the time." I said, "How long have you had this trouble so bad?" She answered, "About four years." I had given Sulphur. Now gave Sanguinaria, then tried Chamomilla, but without improvement. Then I gave third potency of Crawley root, a dose to be taken three times



a day. In three weeks was well. My hearers are ready to ask by this time, "Did you never have any failures? Do you want us to think your judgment is never at fault, that your medicine always works like a charm?" I would say this. It is ten years since I commenced to practice Homœopathy according to the light I had given me. I have cases all the time in which my diagnosis is at fault. Sometimes from carelessness, sometimes from my imperfect knowledge of the materia medica, and, to tell the truth about it, sometimes because I do not know. I would relate some of it if I could see where it could benefit you, but I do not doubt but that you all have had enough of that in your own early experience not to need any of mine in addition; but this I do know, my greatest successes are achieved with the single remedy and potencies of the 200x and upward. Wishing you all success and happiness, I bid you adieu.

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### SULPHUR IN MELANCHOLIA.

There are several points in the following history which make it seem worthy of record to a young physician: the length and gravity of the disease; the contrast between mixed and pure Homœopathy as curative forces; the power of the single dose and the long continuance of its action. A. E. G., æt. twenty-six, consulted me in the spring of 1886. Invariably cheerful and light of heart as a child, she had begun seven years previously to suffer occasionally with mental depression. This tendency was much increased by the protracted illness and painful death of a favorite sister two years before. Since that time gloom had gradually taken possession of her life till death seemed the only refuge from her misery. So dominated was she by this idea of suicide that her family were gradually and painfully deciding that she could not be properly guarded outside of an asylum. The family history gave no evidence of insanity, but the father suffered from a chronic conjunctivitis and the children all had soft, unwholesome flesh, with pasty complexions. My notebook gives the following symptoms: Great dejection with thoughts of suicide. Feels inferior to everybody. Can decide nothing. This was so marked that she would not get down to breakfast until eleven o'clock, if left to herself, because she had nothing suitable to wear. When visiting she detained the company from table while she made an agonizing but futile effort to decide whether boots or slippers were to be worn. Listless, unable to work. Sometimes can understand nothing she reads.

Great disgust, amounting to nausea, at the odors of her own body. Chronic catarrh, with a bland yellow discharge. A lump comes in her throat; she must swallow continually; worse in a warm room. Constipation with frequent ineffectual desire for stool with passage of foetid flatus which disgusts her much. Amenorrhœa of five months' standing. There had been no effort of nature to establish the flow. A sense of weight in the pelvic region when walking. A muddy complexion with occasional ache on face.

The patient had been under the care of a prominent physician of this city during several months. He had a far wider medical experience than I could bring to the case. He was, however, an advocate of modern homœopathic liberalism as taught by Dr. Hughes. The treatment had been black pills, put up by the neighboring druggist, presumably aperient, since they were to be followed by enemata, Hunyada water, then last, and undoubtedly least in the company they were compelled to keep, homœopathic globules. This course of treatment, apparently so dynamic, had proved itself utterly powerless to alter one diseased condition. Examining the symptoms with the aid of Lippe's *Repertory*, two hours' work showed that Sulphur was found under all but two, while "disgust amounting to nausea at the effluvia of one's own body," a symptom much dwelt on by the patient, was found under Sulphur alone. Sulphur<sup>em</sup>, Swan, was given, repeating twice. The third day after the first dose there was a painless natural movement of the bowels, the first one without the aid of pills or enemata since six weeks. Here constipation as a feature of the case disappeared, a daily movement of the bowels being the habit up to this time. After a fortnight there was an attempt at menstruation; at the end of six weeks the catamenia appeared, being normal in amount and painless.

Almost immediately after the exhibition of Sulphur the mental symptoms began to improve, the change being gradual but continuous. There was never a day during the first three months when one could not say the patient is mentally slightly better than yesterday. At the end of six months a curious revulsive action was observed. Perhaps we should more accurately call it a proving of the Sulphur symptom, "ordinary objects cause extraordinary delight." She who for years had taken scant pleasure in her friends, and had latterly absolutely fled from the hateful sight of men, now found every one gifted with the most beautiful characters. To some of us drudging mortals, a little world weary and strangers to the rejuvenating action of Sulphur,

the patient's ecstatic tales about what seemed to us the ordinary doings of ordinary mortals were a little fatiguing. There were during the first three months digestive disturbances which suggested *Nux vomica* and again *Lycopodium*. In view, however, of the continuous improvement in the mental sphere no one who had read the *Organon* could have ventured to interfere. The patient received no further medication. To-day all functions are normal and her life is a pleasure to herself and her friends.

In reviewing this report, one fresh from the methods of the old school can hardly avoid drawing the following conclusions: Here was a disease, possessing none of the characteristics of self-limitation, whose course seems to have been altered by means of a medicinal agent. The old school armamentarium possesses nothing capable of producing a like effect. The physician showed only ordinary ability in studying the case. The "prentice hand" appears plainly in taking the symptoms, no clear apprehension of their modality having at that time been reached. The only trait shown was fidelity to the teachings of Hahnemann, and only through such faithfulness can the superiority of the methods of the master be shown.

J. M. DUTTON, M. D.

BOSTON, MASS.

## ADHESIONS FOLLOWING PELVIC PERITONITIS.

Cures made accidentally or on general principles give very little pleasure to the practitioner who has once tasted the scientific satisfaction of exact symptom covering. To say that, confronted with such a disease, one gave a certain remedy which was followed by cure teaches nothing. It seems possible the report of such cases is an injury, since it encourages the make-shift habit which deals in generalities, when we are bound by the name we bear to treat symptoms alone. I report the following case, then, not for the value of its therapeutic work, but on account of the fresh proof it affords of the untrustworthy nature of diagnoses, founded upon supposed pathological conditions:

Mrs. H. E. L. (æt. fifty-six) had two years ago an acute attack of fever, with pain in the abdomen, spoken of by the attending physician as peritonitis. Since that time the patient had never been well, the most persistent and troublesome symptom being attacks of pain in the right inguinal region. The suffering was so violent that a pseudo-homœopathic doctor always gave Morphine. There were other outlying symptoms which I was able to control, but with their disappearance I had the mortification to



find the attacks of pain increase in number and violence, my patient being forced to give up the care of her house, and with a nurse to assume the habits of a confirmed invalid.

Physical examination showed an adhesive band which contracted the vagina so much the posterior *cul-de-sac* could only be reached after some effort. The uterus was freely movable and in normal position. There was no evidence of a sensitive ovary on the right side, much less of the tumor the pseudo-homœopathic doctor had declared to be there. The conclusion seemed unavoidable, that the same inflammatory process which had formed the adhesive band in the vagina had thrown out plastic lymph in the region of the right broad ligament and ovary, which, contracting, had bound down these organs to the side of the pelvis. Motion of the limb dragging these parts still further out of place, the entangled nerves cried out, and from the nature of the case always would do so. With no hope of any permanent benefit, I abandoned a careful study of the symptoms as useless. Guided by the fact that Sulphur had relieved, temporarily, I gave Psorinum. To my surprise, the attacks of pain never appeared again. Now, after ten months, they have never returned. A better reward than my careless materialism deserved.

J. M. DUTTON, M. D.

BOSTON, MASS.

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## COMPARISONS OF ACONITE WITH APIS AND GELSEMIUM IN FEVER.

ACONITE.—Anguish, despair, restless tossing about during the fever; fears he will die; throws off the clothes; pulse full, hard, bounding; skin hot and dry. All ends in copious sweats.

APIS.—Fidgety, restlessness; wants to sleep, but so nervous cannot; or low, muttering delirium; Sopor. Chill begins in knees or abdomen about three P. M.; heat, with dry skin or occasional transient spells of sweating; desire to uncover; great oppression of the chest; skin hot in some places and cool in others. Pulse accelerated and strong; or debility shows itself; pulse wiry and frequent; imperceptible and intermittent. Apt to be thirstless.

GELSEMIUM.—Irritable, sensitive; children, sometimes wakeful; nervous, even threatened with convulsions; or drowsy, eyelids heavy, looks as if intoxicated; want to remain perfectly quiet (Bry.). Chill up and down back, followed by fever with increased drowsiness; pulse full, flowing. Sweat moderate, gradual, but giving relief.

## A CORRECTION.

DEAR DOCTOR:—Page 219 of your journal, third line, you wrote :

Vertigo, especially on closing the eyes—*Theridion*.

Vertigo, especially on opening the eyes—*Thuja*.

I cannot find the source from which you draw that inference. Hering gives it: Vertigo with eyes shut, *ceases* on opening them, etc.

Lippe, in *Repertory*: Vertigo, closing eyes: *Apis*, *Ars.*, *Callad.*, *Grat.*, *Lach.*, *Thuja*, *Theridion*.

Allen's *Cyclopædia*, 164: Feeling of vertigo on closing eyes (*Flatarowitch*); 169: Vertigo, especially on sitting and closing eyes—it disappears when lying down (*Hahnemann*); 175: Vertigo as soon as she closes her eyes, everything turns around, vanishing on opening eyes (*Wolffe*, with a single pellet of *M.*)

Please tell us who is right.

Yours truly,

S. L.

[NOTE.—The best authorities, Hering, Lippe, etc., give this symptom as: Vertigo on closing the eyes, *ceasing* on opening them, *Thuja*.—E. J. L.]

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## QUERIES AS TO RHUS AND OTHER POISONINGS.

EDITOR HOMŒOPATHIC PHYSICIAN: In replying to Dr. Farley's letter, in the June number of THE HOMŒOPATHIC PHYSICIAN, I wish to ask the Doctor a few questions.

*First*.—Is the disappearance of the immediate symptoms a sign of cure?

*Second*.—If so, why do the symptoms recur, in many instances at the same time every year, without a fresh exposure?

Dr. Seward cited a case of eighteen years' standing.

*Third*.—If Dr. F. was cured, why is he still so extremely susceptible to the poison?

*Fourth*.—Does the Doctor deny that the poison may be carried to the face and genital organs by the unwashed hands, as well as by systemic infection?

FREDERICK HOOKER, M. D.

SYRACUSE, N. Y., June 4th, 1888.

EDITORS HOMŒOPATHIC PHYSICIAN: If Rhus tox. C. M. or D. M. or any other high potency WILL cure a case of "Rhus poisoning," why will NOT a high potency of Crotalus cure the poisonous effects of the rattlesnake bite, a high potency of Arsenic or Strychnia cases of poisoning by these respective drugs, and so on "ad finem"?

Is it possible that the cases above mentioned are not analogous, even under the guidance of the isopathic *law*?\*

Confusion utter holds the mind a prey.

When, though convinced,

Opinions change from day to day.

\* \* \* \*

### HAHNEMANN'S "ORGANON:" A QUERY.

DEAR EDITOR:—In my lecture on the *Organon* to-day I came to § 32, and I am sorry to say that I cannot fully agree with the Master, and beg, therefore, for an explanation. It reads:

"For every true medicine (drug) acts at all times, and under all circumstances, upon every living human being, and excites its peculiar symptoms in the organism (even very perceptibly if the dose is large enough). Thus every living human organism is always (*unconditionally*) affected, and, as it were, infected by the drug disease, which, as stated, is not at all the case with natural diseases."

The italics I find in Wesselhœft's edition, and my experience runs counter to that of the Master. I know a physician who took ten drops of a tincture several times, and, though a close observer, never felt the least symptom from even such a perceptible dose. Some of my students proving for me were bullet-proof to drug action in health, whether given high or low, but responded promptly to the simillimum when sick. In some provers the low potencies failed, but they responded to higher potencies and *vice versa*. Even the dictum of a Hahnemann may be taken *cum grano salis* without showing irreverence to this great man. I will be glad if you show me where my error lies.

Fraternally yours,

S. LILIENTHAL.

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\*There is no isopathic *law* that we have ever heard of; the only law of *cure* known is that of the similars, under which one prescribes for each case the remedy most similar to the symptoms manifested. It is doubtless true that a high potency will frequently remove the symptoms produced by the crude drug, but in such cases the remedy will *always* be well indicated by the symptoms. Homœopathy needs no theories, nor any guessing; it is the science of medicine based upon an immutable *law*.—EDITORS H. P.



## BOOK NOTICES AND REVIEWS.

**THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF THE DISEASES OF WOMEN.** By Graily Hewitt, M. D., F. R. C. P. Edited, with notes, by H. Marion Sims, M. D. Three volumes; \$2.75 per volume. E. B. Treat & Co., New York, 1887.

Professor Hewitt has long been known as one of the leading teachers of gynecology in England. His teaching has been of a conservative nature, relying rather upon dietetics, the rectifying of mal-positions of uterus, and internal medication than upon the more heroic surgical methods of his confreres. As a broad axiom, he states that the *local* diseases are dependent upon *general* causes. Most of the hysterical and other diseases of woman he attributes to uterine displacement, etc., rather than to ovarian disease. This may be true, yet it must be confessed that the ovaries exercise a very great influence over the nervous life of the women.

Dr. Hewitt's work is well illustrated, and is perhaps one of the few books of this class that the general practitioner should carefully study. In his ideas upon the pathology of these diseases, Dr. Hewitt is more in harmony with the views of homœopathic pathology than any others of his school.

### PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, 1887.

This very neat volume of some two hundred and forty pages gives the proceedings and the papers read at the annual and semi-annual meeting of the Massachusetts Homœopathic Society for 1887. It contains some good papers and some not quite so good, homœopathically considered.

### THE PHYSIOLOGY AND PATHOLOGY OF DIABETES.

**ADDRESS ON HOSPITAL AND DISPENSARY CLINICS, AND THE ART OF PRESCRIBING.** By Prosper Bender, M. D., Boston.

Both of these pamphlets have been published by Dr. Bender in the *New England Medical Gazette*. The essay upon diabetes has been re-written since its first publication; in it Dr. Bender gives his views upon the physiology and pathology of this disease.

The second is an address, delivered February the 9th, before the Hahnemannian Societas of the Boston U. S. of Medicine. In this address some very sound and practical advice is given upon the art of prescribing, which we would gladly quote in full did our space allow it.

**CROUP AND ITS MANAGEMENT.** By Thomas Nichol, M. D., LL.D., D. C. L. Montreal: W. Drysdale & Co., 1887.

Dr. Nichol seems to have undertaken the herculean task of enlightening the good people of the Dominion upon Homœopathy; in so doing he is issuing a series of "Montreal Tracts." This tract upon croup is No. 4 in this series, and purposes to show the much greater curative success of homœopathic therapeutics over those of the old school.

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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No. 8.

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## ADDRESS BEFORE THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION AT ITS NINTH ANNUAL MEETING.

DR. WM. P. WESSELHÆFT, BOSTON, PRESIDENT.

*Members of the International Hahnemannian Association :*

On this occasion, on the ninth meeting of this Association, our thoughts naturally revert to the events which have occurred since our last gathering and which most deeply interest and affect our organization. We have met with a deep bereavement in the death of two of our most valued and zealous members. The one was taken from his field of labor after having passed the allotted time of life; the other was stricken suddenly in the full vigor of ripe manhood.

Both men were as true as steel to their convictions, and of both we may say: "Well done, good and faithful servant."

In the death of Dr. Lippe not only this Association but the entire profession have lost a leader, a master, and an uncompromising worker. The city of Philadelphia, in which the greater part of his professional life was spent, has lost one of the greatest healers since the light of Hahnemann came upon earth. Hundreds could surpass him in physical diagnosis and pathology, and demonstrate their sagacity at the autopsy, but none could approach him in the diagnosis of the indicated remedy, and for this reason autopsies were fewer in his practice!

He was ever watchful of the retrograde tendencies in the practice of the so-called homœopathists, and never lost an occasion to express his convictions and defend the strictest methods in the treatment of the sick. With what admirable courage, power, and effective argument he met his adversaries all of us are familiar and thankful. His therapeutical success made him bold and confident, and at the same time most intolerant of practices which could only lead to failures. The cures he published were always instructive, never failing to give good reasons for the selection of the drug, and teaching us the necessity of waiting for its full action, and not carelessly to repeat a well-selected remedy. The most important book he has left us is, in my judgment, *The Key to the Materia Medica*, published in 1854, and which contained a study of a dozen polychrests, with concordant symptoms of over three hundred other drugs.

This little work of one hundred and forty-four pages contains a mine of wealth, and as a guide to the materia medica is unsurpassed by any other repertory, although arranged on an entirely different plan from those mostly in use. Its scope is so large that it should have a place on the desk of every Hahnemannian, and as it is out of print, our Association ought to see to it that every member has a copy. It vies in usefulness with Bœnninghausen's *Therapeutic Pocket Book*, and will be found of priceless value to him who prefers to prescribe for the complex of symptoms rather than for a pathological lesion alone.

Dr. Lippe's strict integrity in his practice challenged the admiration of that small portion of the younger men of our school who were striving to learn something better than the worse therapy taught in most of the colleges, and to such he was an ever ready teacher and adviser at all times, willing to show them that Hahnemann's statement was correct when he said: "Besides pure Homœopathy, another true and more perfect way of healing dynamic (*i. e.*, non-surgical) diseases cannot exist, as it is impossible to draw more than one straight line between two given points." How little must he who imagines there are still other kinds of diseases to be cured besides those amenable to Homœopathy, have penetrated into its depth, or how insufficiently must he have practiced it; how few correctly planned homœopathic cures must he have seen or read of, and, on the other hand, how imperfectly must he have weighed in his mind the absence of any foundation in every allopathic mode of procedure or have acquired information concerning their poor, nay, horrible results; who, with shallow indifference, considers the merits of the only true healing art as equal to



those pernicious modes of treatment, or who even pretends that they are the sisters of Homœopathy, and indispensable to it. My true and conscientious followers may refute such notions by their almost unerring fortunate cures.

Dr. Lippe did refute such notions, and by ocular demonstration guided his students into safer fields of labor, in which their enthusiasm for law and method will grow from year to year, as his own did.

Unlike those among us who are ready and eager to adopt any and every means for "relieving pains" or suppressing symptoms, and who throw overboard four-fifths of the *materia medica*, and, consequently, use in their practice one-fifth of it, he taught and made it evident that the whole *materia medica* can be used to advantage if put into proper requisition, and that the greater the range of medicines used (which means only closer individualizing) the greater the success.

We now come to the consideration of other matters affecting our small and protesting organization. We are met by attacks and criticisms from the homœopathic world at large, which bear the closest resemblance to the assaults our fathers had to meet from the allopathic world more than fifty years ago. We read in the journals of "the little exclusive coterie," "the bottle washers," "the idolators of the master," and what not more. Some even go so far as to accuse us of wrong doing in ceasing to act like a wholesome leaven to the ponderous American Institute of Homœopathy.

Let us look at the facts: Nine years ago a dozen men convened in this same place to form an association which should represent Homœopathy and all its great truths. This step was not taken hastily or rashly, but with very good and sufficient reason. The American Institute of Homœopathy had stricken from the requirements of membership the word "Homœopathy," and thereby opening its doors to any man or woman who possessed a diploma, not even requiring a *quasi* adherence to, much less a knowledge of, the new healing art. Graduates of any medical college were admitted to full membership, and permitted to participate in its deliberations. The flood-gates were opened, and all comers with diplomas were sucked into the wide sluiceway. It was proclaimed that this Institute recognized no distinction among physicians; anybody with a diploma was eligible. This great and liberal measure was enacted in 1874, mainly through the instrumentality of a few men who had placed themselves on record a year or two previous as champions of the single remedy in its high attenuation.

The wretched result of this action has become more and more evident from year to year, the papers, discussions, and actions taken by this so-called Homœopathic Institute clearly showing a steady departure from any kind of method and law until the little leaven remaining became incapable of raising such dough. The yeast of the American Institute of Homœopathy became sour after six years of effort, and very naturally felt a desire to regain its "raising" qualities by starting a new bake shop in which only honest materials were to be used, and which would act readily to the best advantage of the loaf. When the advice is given us by our kind *medical counselors* not to "flock by ourselves," but to remember the biblical assertion that "a little leaven leaveneth the whole lump," they forgot the ingredients and component parts of the lump. When you take dough, constituted of meal and water, and add a little leaven it will rise, but when the dough is composed of a conglomerate mass which can never be converted into chyme by the most approved stomach ever constructed, we have a right to suspect the composition of the lump to be at fault and not the leaven. Let us follow this *simile*, which has been forced upon us and is not of our own making, a little further: Suppose a baker who engages to deliver good bread, and into the composition of which only pure and honest material is to be put, allows his associates to throw handfuls of extraneous substances into the dough in order to increase its weight and bulk, the result will be that his customers will soon recognize the fraud, and the few honest journeymen among his employees will seek work in another shop. Can an association which meets annually and has a session of four days undertake to teach *an art* to men and women who have never found it convenient to acquaint themselves with its possibilities by study and experience? The art represented by the American Institute of Homœopathy may be able to do it, but the work of Hahnemann requires a worthier candidature.

The Institute may take it for granted that no one will apply for membership who is not in sympathy with the law of similars in the treatment of the sick. This may be true or not; the fact remains that anybody in possession of a diploma, regardless of his views, experiences, or convictions, will be welcomed with open arms.

And for what purpose do they come? This question the circular answers most alluringly, "that each may labor for his or her own favorite branch of study." Now, as Homœopathy is a system of therapeutics only, based *not only* upon the similar remedy, but quite as much on the single remedy and the

dynamized dose, we have a right to expect that the therapeutics of Homœopathy be not only discussed, but evidence of their application given in the various departments of an ostensibly homœopathic society. Please take down the last volume of the *Transactions of the A. I. H.* and look at the work of the different bureaus, especially the gynæcological report and discussions, and if anything even faintly resembling the application of homœopathic methods can therein be detected, I have been unable to discover it. "The favorite branches of studies" are most certainly there, *but the application of Hahnemann's methods are not there.* We find, instead of it, a rehash of allopathic proceedings which before another decade passes will be superseded by others equally pernicious. We should regard only those physicians as belonging to the consensus of the competent, who have experimented honestly, as Hahnemann demands. Those who, after such honest work, have failed to find his teachings true should disavow the name of Homœopathy. If, after honest experiments, they are better satisfied with the so-called "regular methods," let them seek their associations and affiliations among these. Those who are contented to look upon the law of similars merely as a *rule*, to be applied as it suits the caprice of each individual, who claim the right to treat their patients by any mode or means, disregarding the responsibility of assuming the name of Homœopathy, should be honest and seek their affiliations with the eclectics. Our claim is perfectly right that such practices should not pass current as homœopathic before the public. A few years ago one of this class spoke these words to the members of a bereaved family: "Nothing could have saved the patient, as both methods of treatment were applied by me during his sickness." May we not with propriety ask what kind of Homœopathy could that have been, and what kind of allopathy? A professor of materia medica and therapeutics in New York puts himself on record with the following words:

"He who in these days will not wash out with distilled water and one seventy-five thousandth grain of Corrosive Mercury a fresh case of gonorrhœa and cure his erring brother in *twenty-four to forty-eight hours* must give up the treatment of such diseases." The millennium has really arrived for "curing" this disease in New York. The professor's statistics claim that only one in a hundred gets orchitis or rheumatism after killing the terrible gonococcus, and this admirable result is not owing to the death of the germ, but to the temperature of the solution used. This is certainly a splendid showing, but unfortunately



it does not succeed with the same brilliancy in other sections of the country and where the discharge does not stop in twenty-four to forty-eight hours, but goes on frequently for months in the same old way, unless the case happens by accident to be one homœopathically suited for Corrosive Sublimate, which may now and then occur. According to the Professor, the specific has been found for this disease, but we know better, as no specific exists for a *disease*, but it does exist for the patient, and that we can only find by applying the methods of Homœopathy. If this assertion of the Professor is true, why are sounds still passed to detect a possible stricture for the obstinacy of the discharge? Why is it necessary to still cut and slash the urethra so that the "*erring brother*" will be obliged to pass catheters when he is fifty years old on account of the erring doctor's methods? We are told that we blindly follow the master, which means, I suppose, that we have not sufficient discernment to discover the faults of his teachings and methods, but just shut our eyes and "*go it blind.*"

Still, we have sufficient vision left not to "*cure*" a gonorrhœa (with or without sycosis) in twenty-four to forty-eight hours, according to the latest theory of the allopathic school. Up to within a very few years every chancre was cauterized, until it became evident that secondary syphilitic diseases were caused by the suppression of the primary ulcer. The ectrotic treatment of the local manifestation is being abandoned by the more thoughtful men of the old school, and so-called constitutional treatment resorted to from the beginning of the infection. This is in accordance with Hahnemann's discovery that the primary sore is nature's effort to rid the organization of the noxa, and therefore must not be locally interfered with. If left alone no constitutional syphilis will follow. Who among us has not verified this experience over and over again?

Now there is undoubtedly a germ that runs riot in the chancre, and according to our New York authority, that germ should first be strangled, for if his killing of germs applies to gonorrhœa, it must apply to every external manifestation of disease. If it were true that the cure of sycosis, syphilis, or psora was dependent upon the killing of the germ, no such diseases could be cured with dynamized drugs, which we are doing day by day, and leaving our patients in such a condition that no trace of disease can be transmitted to their progeny. We know whereof we speak, for we have had ample opportunity to observe the results of correct treatment into the second generation. Our Association correctly demands of a candidate not

only an adherence to the law of similars and the single remedy, but that he should have passed that state of mind (which most beginners have to experience) in which he doubts the efficacy of a potentized drug, and in cases of failure places the blame upon the preparation of the drug, rather than upon its selection.

The full development of Homœopathy as a system of therapeutics was only reached after Hahnemann had discovered the endless divisibility of substances when treated by his methods, and when he furthermore ascertained the curative power of substances which were inert in their crude state. No man or woman should be eligible to a "*homœopathic*" Association until they have verified this fact, and are willing to fight for it, in spite of microscope or scales. Those who have not been able to do this, are not of the consensus of the competent in matters homœopathic.

Physical science, as far as it has been developed, may still be unable to explain the efficacy of potencies above the twelfth centesimal, but the experiments on living beings have piled up evidence enough to outweigh any attempt to disprove them by "scientific" dictum. If thirty years ago an electrician had told a scientist that a number of messages could be transmitted from both ends of a single wire at the same time, the scientist would have tried to demonstrate its impossibility, no matter if the electrician had proved it to his own satisfaction. Homœopathy possesses this *scientific* fact, that most substances in their crude state are transformed into useful curative agents by the process of potentizing, and Homœopathy will patiently wait till it suits *science* to explain it. If the science of therapeutics rested only on the law of similars, it would be indeed a flimsy fabric. Under this law alone any one would be at liberty to bleed, cup, purge, irritate, etc. It has all the plastic qualities of putty, and is easily made to conform to almost anything which is now practised under the shield "of the law."

Hahnemann was the first to develop the law, not the first to find it, but the first to make it useful. Its usefulness was secured by the discovery of the dynamization of drugs—a discovery of vast importance, and as yet in opposition to all accepted facts regarding "matters," that it may still require decades before the medical world will accept it. We must remember how many discoveries in the world's history have remained unaccepted for generations until the thought and insight of men had grown sufficiently to accept the revelations of nature which a genius had unveiled.

Our battle-cry must be: No Homœopathy without *Hahnemannism*!

The grand structure of Homœopathy can rest on firm foundation only by recognizing and employing the single remedy, the potentized drug, over which is spanned the arch, inscribed "*Similia similibus curantur*." Without trespassing further on your time, I crave your assistance in the discharge of duties you have deputed to me, and I ask your forbearance with my own imperfect qualifications.

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### PROCEEDINGS OF THE NINTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The ninth annual session of the International Hahnemannian Association was called to order at the International Hotel, Niagara Falls, at eleven A. M., June the 19th, by the President, Dr. William P. Wesselhœft. The President then delivered his address, which, being an exceedingly able and interesting paper, was listened to with the closest attention. (This address is given in full in this issue.)

The Secretary, Dr. Ballard, then read his report of the work done during the past year; report was referred to a committee.

The Treasurer, Dr. Hawley, then presented his report, which was received and referred to an auditing committee.

Letters of regret at their absence from the meeting were read from Drs. O. P. Baer, G. W. Sherbino, and G. H. Clark.

The report of the Board of Censors was then presented by their efficient Chairman, Dr. J. A. Biegler. A motion was made and carried that the Secretary should cast an affirmative vote for such applicants for membership as were recommended by the Board. The following were elected to membership: C. Baldilli, M. D., of Florence, Italy; Caroline E. Hastings, M. D., of Boston; William A. D. Pierce, M. D., of Philadelphia; Clarence C. Howard, M. D., of New York; Robert N. Fallon, M. D., of Clifton, England; Stuart Close, M. D., of Brooklyn; R. B. Johnstone, M. D., of Philadelphia; F. L. McIntosh, M. D., of Melrose, Mass.

The first regular Bureau to report was the Bureau of Homœopathic Philosophy, Dr. J. T. Kent, Chairman. This is the new Bureau added to their work by the Association last year. Upon the suggestion of Dr. Kent, as was most fit, Dr. Ad-



Lippe was made the first Chairman of this new Bureau ; after the death of Dr. Lippe, Dr. Kent was appointed Chairman.

In his arrangement of the work for the "Bureau of Homœopathic Philosophy" for this year, it had been the purpose of the late Dr. Lippe to have had read a series of three papers on these very important points in homœopathic practice :

The first, on "How to Examine the Patient," by Dr. P. P. Wells ; the second, on "How to Select the Homœopathic Remedy," by Dr. Lippe himself ; the third, on "The Second Prescription," by Dr. J. T. Kent.

In this way it had been the desire of our lately deceased friend, the former Chairman of this Bureau, to cover by a connected series of papers three cardinal features of homœopathic practice ; three points which, if well understood by every prescriber, would render practice easier and success more certain. By the unfortunate death of our great colleague we are deprived of much ; not the least of our loss we may consider the failure to secure from his ripe experience words of counsel on the important question of "How to Select the Homœopathic Remedy." Under this Bureau the first paper read was that of our veteran friend, Dr. P. P. Wells, upon "The Examination of the Patient." It is needless to add that the paper was a most thorough exposition of the objects and aim of the practitioner in performing this most important of all his duties. The Doctor showed how this work was to be done and what use was to be made of the work when it was done. This paper was listened to with the greatest interest and attention throughout. When the Doctor had finished its reading a spirited discussion ensued, which was participated in by Drs. Allen, Ballard, Gee, Hawley, Kent, Biegler, Butler, Nash, and Wesselhœft.

Dr. Edward Cranch presented a paper upon "Characteristic Symptoms, Section 153," which is given in full elsewhere in this issue. Dr. W. S. Gee gave a dissertation upon "Section 3," which is, perhaps, one of the most difficult paragraphs in the *Organon* to discuss. The paper was commented upon by Drs. Allen, Biegler, Holmes, Butler, Nash, and Wesselhœft. Dr. Kent then read his paper upon "The Second Prescription," which was discussed by Drs. Holmes, Hitchcock, Hawley, J. V. Allen, Biegler, Wesselhœft, Ballard, Campbell, Nash, and Butler. Dr. Wesselhœft considered it a very valuable paper, and one which confirmed many of his own personal experiences. (We also publish this paper in full in this issue.)

Continuing the work of the Bureau of Homœopathic Philosophy, Dr. Kent stated that he had a voluntary contribution

from a physician who was not a member of the Association, but that he considered the paper so well worth their hearing that he hoped some one would offer a resolution that the paper be read. Such a motion was made and seconded. The paper in question was one upon "Sycosis," by Dr. S. L. G. Leggett, which the Doctor was requested to read.

Dr. Wesselhœft commended the paper and hoped it would be fully discussed, which was done by Drs. Gee, Stowe, Allen, Butler, Kent, and others.

The next Bureau to report was that of "Materia Medica and Provings." This is generally the most important work of the Association, and as this year the Bureau was presided over by our able friend, Dr. Gee, and contained such laborers as Drs. Wells, Kent, Butler, Allen, Holmes, Sawyer, Hitchcock, Lawton, Nash, Guernsey, Clark, its reputation for good work was certainly well-sustained. The first paper read was one by Dr. Kent, entitled "A Study of our Materia Medica," illustrated by a partial proving of Lachesis. The paper was exhaustively discussed by Drs. Hawley, Wells, Stowe, Biegler, Butler, Hitchcock, Custis, and Nash.

Dr. H. C. Allen next read a very useful paper giving the results of a proving of Magnesia phosphoricum. The President expressed great pleasure in Dr. Allen's paper and proving; said he believed Magn-phos. would prove to be one of the great remedies for the removal of woman's sufferings, not only during menstruation but at a great many other periods.

Dr. Allen suggested that the women of the Association should assist in developing this remedy, whereupon several of the lady members volunteered to assist Dr. Allen in his provings. It is to be hoped this good work will go on, for the weak spot in our provings is the lack of female provers.

Upon the motion of Dr. Emory the election of officers for the ensuing year was made the first business for the afternoon session of June 21st. Dr. H. P. Holmes then read a fine paper upon convulsions, which subject was further developed in discussion by Drs. Emory, Custis, Wesselhœft, Ballard, and Hitchcock. Dr. C. H. Lawton then presented a paper; afterward Dr. E. Rushmore gave one of his good papers upon Belladonna and Rhus toxicodendron, which was also discussed by the members.

On the opening of the morning session of June 21st, Dr. E. B. Nash read a paper narrating some clinical experiences, which was discussed by Drs. Allen, Kent, and Wells. Dr. J. A. Biegler then gave an essay upon "Mental Alienation," showing

what true Homœopathy could do in such cases. Its interest was added to further by Drs. Stowe, Wells, and Kent in the discussion which followed.

Dr. Biegler also read a paper upon "Kali-phos. in Acute Laryngitis," which was discussed by Drs. Gee, Allen, and Wells.

Dr. Clarence Willard Butler next read one of his interesting papers upon "Experiences with Synapis Nigra." Dr. William A. Hawley then presented a paper narrating a "Case of Cancer of the Stomach Cured by Arsenicum," which was discussed by Drs. Gee, Hitchcock, Biegler, Holmes, and Wells.

At the afternoon session, as per motion of previous day, the election of officers was taken up. Great modesty was suddenly developed; each member desired some one else to gain the honors. The final outcome of the election was the selection of the veteran William A. Hawley, M. D., for President; Dr. W. S. Gee, for Vice-President; our energetic young friend, S. A. Kimball, M. D., was chosen Secretary, and he will make a good one; Dr. Tyrrell, of Toronto, was elected Treasurer. Upon motion of Dr. Ballard, the old reliable Board of Censors were continued for a third term; the Board is composed of Drs. Biegler, Bell, Gee, Rushmore, and Butler.

The selection of next place of meeting gave rise to considerable discussion, for, as usual, nearly every member had a favorite place. Toronto was finally chosen, which will be the first session of the Association outside of this country, unless the meeting at Long Branch, N. J., be so considered.

Under the active work of Dr. Alice B. Campbell the Bureau of Clinical Medicine made a good report. Dr. H. P. Holmes read a paper, which was commented upon by Dr. Wells. Dr. E. W. Sawyer gave a paper upon "A Few Cases of Cancer," which Drs. Carleton and Wells discussed. The President, Dr. Wesselhœft, then read a paper upon "Aloes," which was practical and interesting; it was discussed by Drs. Allen, Cash, Sawyer, Nash, Butler, Ballard, Custis, Stowe, Wells, and Carleton. Dr. Campbell then read the notes of a case from her own experience, which Drs. Holmes, Gee, Wells, and Allen discussed. Dr. J. V. Allen next read a paper upon "Carcinoma," which excited an interesting discussion. Dr. Pease presented a paper upon the "Hypertrophy of the Prostate." Dr. George H. Clark, of Philadelphia, read a paper upon "Some Symptoms of Sycosis." The paper will be found in full in this number.

June 22d the Bureau of Obstetrics, through Dr. E. P. Hussey, its Chairman, presented its report. Dr. J. B. G. Custis read a paper; he was followed by Dr. Frank Powel on "A Peculiar



Case," which was discussed by Drs. Gee, Allen, Campbell, Wells, and Holmes. Dr. Flora A. Waddell next presented a paper on the "Diseases of Women."

The Bureau of Surgery, etc., was represented by Dr. J. B. Bell, Chairman, with Drs. Edmund Carleton, Thomas L. Dillingham, Julius Schmitt, G. G. Gale, and E. A. Ballard. This is an important Bureau in the I. H. A., as it endeavors to show how the law of similars aids the surgeon; how it removes in many cases the necessity for the use of the knife, and also how, in cases where operations must be performed, it saves the patient from dangerous sequelæ. It is an important work, and should not be slighted. Under homœopathic medication many surgical operations are rendered needless, and many operations are made possible where, under allopathic treatment, death would surely follow.

After the usual routine business the Association adjourned *sine die*. The session seems to have been one of the most useful and active the I. H. A. has ever held, and encourages all to work for the advancement of their beloved science of Homœopathy.

### SOME SYMPTOMS OF SYCOSIS.

GEORGE H. CLARK, M. D., GERMANTOWN, PHILADA.

(Read before the International Hahnemannian Association at Niagara Falls, June, 1888.)

While the Hahnemannian is often taunted because of a presumed lack of knowledge of pathology, it can easily be demonstrated that he is the only one whose teachings are such as to give him a correct idea of the value of the various pathological states. And this can be proved by his every-day experience. If the physician who is in the habit of suppressing disease manifestations by internal drugging, and external applications had sufficient acuity of vision, so as to be enabled to see beyond the immediate present, he would be better able to apply beneficially what he has been taught respecting various affections—provided that teaching be supplemented by a knowledge of Hahnemann's three principal miasmata. In no condition is this more evident than in sycosis. The term sycosis, in the vocabulary of the allopath, is confined to "a folliculitis affecting the hair follicles of the face, particularly those of the chin and whiskers." If the follower of Hahnemann were able to narrow the definition

of this term to a simple folliculitis, it would be all the better for mankind.

To him it means a state of the system that may be described as horrible.

Enabled as he is by his real knowledge of pathology to estimate at their true value the various symptoms of disease—particularly the lamentable conditions due to suppressed diseases—his regard for human welfare always calls forth his sympathy for the victim of the terrible affection he knows as sycosis. In the majority of cases, where it is not hereditary, its worst forms are due to maltreatment, and consequent suppression of the sycotic form of gonorrhœa. There are no means by which the primary gonorrhœa can be classified as sycotic or non-sycotic; hence the importance of avoiding any form of treatment that will suppress.

There is less danger (indeed, there is none) in permitting the discharge to continue, even for an indefinite period, than in resorting to injections.

As insidious in its approach as many other scourges, sycosis may be latent for a long time. Sooner or later it will become manifest, and then, if one be familiar with the character of the various ailments which arise, he will readily recognize the importance he should attach to warning all who come to him with any of its primary forms of the suffering and misery that are inevitable unless proper treatment be applied. And that proper treatment is Hahnemannian Homœopathy alone. Like syphilis, it attacks any and every organ and tissue, and in many instances its effects are even worse.

Its most unvarying symptom is *great anxiety*. This anxiety is not paroxysmal, but constant, and the victim of sycosis is always in this pitiable condition.

After Hahnemann, Autenreith, and Bœnninghausen, we are indebted to Granvogl for further elaborating our knowledge of sycosis. He has added much to what was known on this subject before his time, and should, therefore, be given due credit.

It was he who pointed out that the so-called leucæmia of Virchow is, beyond doubt, a form of sycosis, and he taught the so-called physiological school the worthlessness of their efforts to cure this malady. It will compensate us to utilize the labors of Granvogl in this field, and for much of what follows I am indebted to his work.

The anxiety already noted is not simply the concern or solicitude respecting some future event, but it is a constant state of restlessness, with a general feeling of indisposition, and a dis-

trressing sense of oppression at the epigastrium. It may be accurately described as anguish.

The mental state is such that there is great confusion of memory; in truth, the memory is very much impaired. The victim is afraid to write even a short note, for fear of misspelling, or of so expressing himself as to be misunderstood. It may be summed up by saying there is a constant state of brain-fag—a sense of an inability to apply himself to anything requiring connected thought.

There is an incomprehensible melancholic mood, with lassitude. Even a short walk fatigues him so much, both mentally and physically, that he is unable to account for it, as he appears strong and hearty to all except a Hahnemannian observer, to whom the expression of his features tells of the mental strain and anxiety.

There is dislike for all labor. He feels that he is too weak to accomplish even what requires but a small expenditure of energy. This lassitude is marked, and is a prominent characteristic.

There is great irritability. Even his own children, in whom he formerly took much delight, annoy him by their presence; and yet he does not possess sufficient energy to leave the room in which they play. A prey to all emotions, he is truly to be pitied. He is constantly worrying without reason, and the slightest thing causes annoyance.

Though previous to this condition he may have been mentally brilliant, he is now a mere intellectual wreck.

With all this there is a disposition to suicide. Life is so burdensome that he does not care to live. All the power of which he is capable must be brought to bear to avoid self-destruction.

There is a dull, heavy feeling in the head, particularly in the vertex, with heat and burning in that region, and burning in and about the eyes.

There is a characteristic diarrhoea, worse early in the morning, with much rumbling and rolling in the abdomen. Aphonia is another faithful accompaniment. The above is a correct photograph of three cases which I have had under treatment during the past two years.

If this mental condition is not sufficient to convince any one of the blighting effects of this poison, a description of the various changes found may have that effect.

Granvogl asserts that the profuse greenish mucous secretion in inflammations of the conjunctiva, sclerotica, and cornea, with bright red injection, the gelatinous effusion into the iris and



choroidea, are always of sycotic origin, as well as ciliary and facial neuroses from pressure of the bones, especially if they occur in the evening. Trachoma also belongs here. In affections of the hearing apparatus there is deafness due to swelling of the mucous membrane of the eustachian tube, while syphilitic deafness is the result of caries of the bones.

Catarrhal affections in sycosis are found in all the mucous membranes, more often in damp weather and toward spring.

There are also affections commonly named tuberculous by the old school, and affecting the larynx and trachea. While in genuine tuberculous affections burning is complained of, in the sycotic condition simulating tuberculosis there is no burning; but there is a constricting sensation, which is not increased by pressure upon the larynx. The sensation is as though the passage was obstructed by a foreign body, and, as a consequence, there is a constant desire to swallow.

Hoarseness is a prominent symptom, and increases continuously; and there is much dyspnoea, particularly in going up-stairs.

One of the patients, above referred to, has had hoarseness very marked for several years, and had an operation performed for what was said to be a growth in the larynx, since which the hoarseness has never left him.

This condition of the respiratory organs usually precedes more deeply seated symptoms, and Granvogl says that there is danger of death from suffocation if the proper treatment is not given. With this there is a hoarse, hard, whistling, barking cough.

Oedema of the glottis belongs to sycosis. "While it frequently occurs only as a swelling, the hoarseness and difficulty of breathing arise partly from ulceration, partly from knotty formations upon the mucous membrane of the trachea, especially upon its glands, or from a change of the vagus or sympathicus, which are found to be surrounded with hard, gland-like swellings, as if by a string of pearls."

A peculiar and striking characteristic is this:

"Those sycotic glandular formations appear even in places where no glands at all are to be found. Scrofulous glandular swellings always have their seat in the glands originally present.

"These formations, varying in size from the head of a pin to enormous dimensions, spread themselves as painless, indolent tumors; while syphilitic glandular swellings, especially of the inguinal glands, are of an inflammatory and painful nature.

"In sycosis these swellings are found in almost all parts of the

body, excepting the muscular system—in the omentum, the mesentery, the intestines, the substance of the kidneys, in the testicles, the ovaries, the liver, the spleen, the diaphragm, the lungs, on the pleura, in the substance of the heart, upon the meninges of the brain, on the nerves, and under the epidermis.”

Since Granvogl’s time we have had nothing added to our knowledge of sycotic asthma. This is his description of it: \* \* \* \* \* “The sycotic asthma, in consequence of changes which have taken place in the pulmonary tissue, is distinguished from other asthmatic forms by this, that it also, according to subjective feeling, has its seat in the breast, and not, as otherwise, in the larynx; furthermore, that it occurs paroxysmally and intermittently, and not unfrequently during swelling of the external glands. It disappears spontaneously without leaving a trace.” It may also arise in consequence of swellings of the glands at the bifurcation of the trachea, and may be suddenly excited by going up stairs, muscular movement, or mental emotion. Here I wish to say that it is folly to attribute all forms of asthma to sycosis, and it is false teaching to assert that Nat. sul. will cure all cases of sycotic asthma.

Some years ago Dr. Hering told me that his experience with Nat. sul. in sycosis led him to the conclusion that Granvogl had claimed more for that remedy in gonorrhœa and sycosis than it is capable of performing. And he warned me against giving credit to such teaching.

The pneumonia of sycosis is particularly marked by the inexpressible anxiety. Hoarseness and dyspnoea are always present, the latter always out of proportion to the amount of lung involved. It is further characterized by great prostration and copious, greenish, easy expectoration, and an unendurable sensation of weight and tension upon the chest. In this disease emaciation is prominent, and the urine is generally a rose-red color.

Like other forms of pneumonia, if this be improperly treated there follows a condition simulating an often pronounced tuberculosis of the lungs. The pathologists of this day call it chronic interstitial pneumonia. There is induration of tissue, with catarrh, which is followed by obliteration of the bronchi and blood-vessels by fibrinous clots. Granvogl also shows that the thrombosis and embolism of Virchow are forms of sycotic degeneration. And to sycotic origin are to be attributed many forms of tumors, including the fatty, gelatinous, and gummatous, together with some forms of cancer. Skin affections, differing from syphilis in never being coppery-red in color, with a ten-

dency to ulcerate, characterize the exanthemata of sycosis. The ulcers have a foul odor, are jagged on the edges, with a bluish red or dark brown, cracked base, and extend in breadth rather than in depth.

"If not interfered with the ulcers heal from the centre outward," says Granvogl, "and never with any other loss of substance than that which the cicatrix occasions. By its location on the neck, the sternum, the loins, the throat, in the axillæ, on the upper part of the arm, the thigh, the chin, and not unfrequently on the great toe, its course, its quality, and its termination, it never can be confounded with any other ulcer, and all the less since, like all other sycotic forms, it usually heals spontaneously, provided no radical cure by art intervenes, because it forms only transient stages of one and the same, often life-long, process. It heals up, however, only to return with perfect certainty at some other time in some other place, even at the end of years, and that, indeed, as with all sycotic forms, usually during a long period of damp weather or toward spring, provided the process has not gained in extent, and in place of the ulcer another sycotic form has developed itself."

Then the bones may be affected in the chronic form of sycosis, and Granvogl has pointed out the difference between the bone affections of syphilis and sycosis by showing that in sycosis the bones usually affected are those of the nose—though the sycotic ozæna does not possess the fetid odor of the syphilitic form—of the cavity of the mouth, the palate, the upper and lower jaw, the sternum, the sacrum, the ribs, and the spinous processes of the vertebræ. Unlike syphilis, sycosis affects the bones first through the soft parts through the periosteum and without caries. There is "necrosis," with the formation of sequestrum, and "sclerosis." After sycotic necrosis, unlike syphilitic and scrofulous necrosis, there is always formed new bone to repair the loss.

"Rachitis, enchondroma, and pedarthrocace" also belong to sycosis.

Bønninghausen's remarkable cure of the case of *volvulus* with *Thuja* was justified from even a pathological standpoint, for there is classed under sycosis not stricture of the urethra only, but also of the œsophagus, the larynx, the trachea, the rectum, and the intestines.

In joint affections in sycosis the joints usually attacked are those of the vertebral column, the lower jaw, and one of the knee and elbow joints. "The pains arise suddenly and at once, with the greatest intensity. Notwithstanding this, no fever sets



in, and the integuments remain normal." If they become ankylosed there is persistent enlargement about the joints, a condition similar to arthritis deformans. If all this, added to the mental state, be not sufficient to convince of the power of this sycosis we can enumerate hypertrophy and induration of the testicles, following inflammation, hydrocele, polypi, ischias, trismus, tetanus, and epilepsy.

Truly, a formidable list !

And yet this does not exhaust the complications and combinations which arise in the course of the malady. For further regarding this subject let me recommend you to Hahnemann, to Boenninghausen, to Lippe, to Granvogl, to Fellger, to Wells, to Bayard, and to all others who have so successfully borne aloft the law of therapeutics as found in the teachings of Hahnemann.

## SELECTION OF CHARACTERISTIC SYMPTOMS; HAHNEMANN'S "ORGANON," PARAGRAPH 153.

Dr. Lippe, whose transference to a different sphere of usefulness we all mourn, missing him as a departed teacher, guide, and friend, assigned the special subject of the present paper while making up this bureau last summer.

A careful translation of paragraph 153 with the sentence just before it reads as follows: "Among the symptom-lists of many medicines it should not be difficult to find *one* out of whose separate pathogenetic elements it is possible to arrange a picture of a curative, artificial disease, very like to the sum-total of the symptoms of the natural disease, and this medicine is the most desirable remedy. In this search for homœopathic specific remedy, that is, in this comparison of the total signs of the natural sickness with the lists of symptoms of available drugs in order to find among these *one* bearing a pathogenetic power corresponding to and resembling the disease to be cured, the *striking, remarkable, uncommon, and peculiar* (characteristic) signs and symptoms of the case of sickness are to be especially and almost exclusively brought before the eye, for *these especially must be very like the drug that is being searched for in the symptom-lists* if this is to be the most suitable for the cure. The general and indefinite, such as loss of appetite, headache, weakness, restless sleep, discomfort, etc., if they are not more closely defined, deserve little attention, for one finds something about as indefinite in almost every sickness, and caused by almost every drug."

As Dr. Wells showed years ago in a paper read before the Central New York Homœopathic Society, this section is a corollary to paragraph 18, which reads as follows: "From this not-to-be-doubted truth that, outside of the assemblage of symptoms, there is no way to find out anything about diseases by which their need of assistance can be declared, it follows, undeniably, *that the totality of all positively known symptoms* in every single case of sickness must be the *sole indication*, the only hint, in the choice of a remedy."

Here is an apparent but not a real contradiction, for the latter paragraph only shows us how to *use* the totality of symptoms. If we would successfully select the characteristic symptoms of the case and of the medicine we must not shut our eyes to that which is general and universal. We must *see* the *totality* and *use* it with the *peculiarity*.

Dr. Lee having prepared a paper for this meeting on the characteristics as understood by Hahnemann, this paper will only give some thoughts on the ways of looking for and recording characteristics with a view to the gradual improvement of the working value of the *Materia Medica*.

First, we must, as Dr. Lippe often asserted, understand pathology that we may know how to examine the patient intelligently, but we must be careful not to let our minds rest in merely pathological expressions or we shall lose much that is of the highest value, besides wasting our time in referring symptoms to pathological states, and perhaps, after all, do this erroneously.

Dr. T. F. Allen, in defending his retention of the Hahnemannian arrangement of symptoms, said it would outlive all theories, for it was a plain record of observations. In taking notes of a case of sickness or of a proving, we want only the exact record of phenomena observed. What matters it how many cases of pneumonia or of rheumatism we have seen get well? Would that information help us to treat the next case of either? But if the condition of mental anguish, thirst, fever, and restlessness, as caused by Aconite, has always been cured by Aconite when existing as a similar condition in the sick, is it not our quickest and surest plan to note and remember this coincidence and exhibit Aconite *whenever* we encounter similar conditions?

Pathology is of use to all physicians every day, but it is not of much value in the exact recording of symptoms, and nearly all conditions of the sick can be better described without referring to its terms and idioms.

To illustrate some of the real difficulties that lie in the way of a satisfactory selection of symptoms that are to be considered characteristic, the results of experience in the writer's practice for the month of March last may not be unprofitable, although they involve confessions of weakness not always easily accounted for.

In the aforesaid month of March six hundred and sixty-three prescriptions were made, of which only twenty-two escaped record, leaving six hundred and forty-one to be considered.

In three hundred and sixty-seven, or a little more than half of these, the indications found were vague, that is to say, not clearly characteristic, and therefore not wholly pleasing. The reasons for this unwelcome vagueness are to be classified under several heads :

I. Insufficient information ; the symptoms being furnished by letter or messenger, or occurring in those who were not of a proper age or state of mind to bear cross-examination. Sometimes the most careful questioning and examination elicited nothing beyond the first general statement of condition. (On this head, see Sections 176 to 180, where Hahnemann directs the nearest possible remedy to be given, which he says will develop the latest symptoms of the case, ready for a new prescription.)

II. Confused state of questioner, by reason of haste, fatigue, impatience, distracting noises, preoccupation of mind, or possible laziness.

III. Insufficient knowledge of *materia medica*, by which possibly prominent characteristics escaped notice.

IV. Imperfect state of, or too hasty use of the repertories, by reason of which partly remembered symptoms escaped the searcher. This last condition will be greatly mitigated on the appearance of Dr. Lee's forthcoming *Repertory of Characteristics*, but the conviction is strong on the writer that every one should write a repertory of his own besides.

Of these three hundred and sixty-seven vague prescriptions, one hundred and seventy-nine helped, or seemed to help, the patients who took them ; one hundred and four failed, more or less conspicuously, and the remainder, eighty-four, have not yet been heard from.

There were one hundred and one prescriptions of placebo, on account of visible improvement from previous prescriptions.

The remaining one hundred and seventy-three, less than one-fourth of the whole number, presented clear characteristics, satisfactory at the time to the writer ; of these, one hundred and forty-seven, or nearly all, succeeded in bringing relief, generally



with great promptness; only ten failed, as far as heard from, and sixteen remained unreported.

Leaving out the cases receiving only placebo, we have a total of five hundred and forty (representing one hundred and ninety-eight separate cases of sickness) in which the writer's average efforts were exerted to find the appropriate homœopathic remedies. That only one hundred and seventy-three were clear, and that ten of these distinctly failed, is not very encouraging, except as an incentive to better work in the future. Of the one hundred and forty-seven cures by means of characteristics that were encountered, only ten presented striking symptoms that were apparently new to the drugs used. These new symptoms cured were the following:

*Actea racemosa*<sup>1000</sup>.—"The recently delivered uterus becomes actually jammed into pelvis, with great pain."

*Arsenicum*<sup>1000</sup>.—"Daily nosebleed, mornings."

*Belladonna*<sup>1000</sup>.—"Headache worse, and hurts if leaned against anything."

*Carbo animalis*<sup>30</sup>.—"Parotid gland swells every day at sundown, better all day."

*Carbo animalis*<sup>30</sup>.—"Throat felt as if she had swallowed a piece of paper."

*Carbo animalis*<sup>30</sup>.—"Region of throat behind palate aches severely without other soreness."

*Lithium carbonicum*<sup>200</sup>.—"Sour stomach from tomato soup."

*Ranunculus bulbosus*<sup>200</sup>.—"Pain like that of shingles, without eruption."

*Millefolium*<sup>30</sup>.—"Menorrhagia while baby nurses if beer is drank."

*Pulsatilla*.—"Nervousness felt, especially about ankles."

In all these cases, these *odd* symptoms were very striking in the patient, and corroborated by other well-known indications. The rest of the symptoms were only verifications of old symptoms, not to be slighted on that account, but only for lack of space for the whole number.

The ten failures were upon the following indications:

*Bryonia*.—Nausea on rising.

*Calcarea phos.*—Has to strain long for even a soft stool.

*Carbo animalis*.—Effects of strain of back.

*Hyoseyamus*.—Cough only and always on lying down.

*Kali carbonicum*.—Needle-like pains all over left arm.

*Stramonium*.—Sees horrid visions, fears the dark.

*Sulphur*.—Heat of vertex, with latent eczema.

These cases show the fallacy of relying too much on single

symptoms, however suggestive. Hahnemann was very careful to tell us to look for the *striking, uncommon, and peculiar symptoms*, not the *one most peculiar symptom*. And these, he says, *must be very like the drug*. It follows, then, that any set of symptoms to be of the highest value, must bear equal rank in the patient and in the proving; that is, however peculiar a symptom is to a drug, as far as known, if it is not equally striking and peculiar in the case in hand, and supported by a general likeness to the constitutional action of the medicine, it will fail. Dr. Ballard, our Secretary, well illustrated this point in an article in the *Medical Current*, for April 20th, 1887, where he showed that Cina failed on one of its peculiarities, "sleep only during violent rocking." Calcarea cured, because it suited better the general diathesis which was peculiar to the case, and really the most strikingly prominent sign of the child's disease. So it will always be that we must assemble all available symptoms of the case, and from them all endeavor to select the *most peculiar*, not forgetting the others, but seeking corroboration from them, especially when the most striking symptoms point to several remedies at once. In such cases, as Dr. Dunham has shown, some one remedy can generally be found whose picture is the nearest counterpart to the picture of the disease, although it may differ in a few features. Thus copious eructations of gas suggest *Carbo veg.*, great weakness suggests also *Arsenicum*, general irascibility suggests *Nux vomica*, sensitiveness to cold suggests *Hepar sulph.* One case presented all these symptoms, but in addition a regular *evening foreboding*, prophesying all sorts of ills, and the air eructated was sour instead of burning. *Calcarea carb.*<sup>1000</sup> in one dose caused the prompt removal of all symptoms. Two months later they returned, without the evening forebodings, and *Nux vomica*<sup>30</sup> relieved with equal promptness.

If we could find a list of indispensable symptoms, without one or more of which certain drugs would be absolutely contra-indicated, as suggested concerning the mental symptoms of Aconite, Nux vomica, Pulsatilla, and Ignatia in Hahnemann's note to Section 213, our task would be much simplified, but until our provings have greatly increased in number and fullness, such a list is likely to remain imperfect. Therefore, let us endeavor to study and repeat provings, till every drug we can find is accurately pictured. The examination of the patient is still more difficult, for as soon as one striking symptom has suggested a drug, the imagination too easily fills up the picture, instead of relying solely on observation, which may, after all, discover a more closely related remedy. Only the

observations *that can be expressed in words* are, as a rule, reliable. The flitting fancies of the mind make sorry will-o'-the-wisps, and lead us into many hasty errors, afterward sadly regretted and hard to recall.

All striking, remarkable, uncommon, and peculiar symptoms should find a place in our notes, and those that are new and cured, if often verified, deserve a place as "Clinical Symptoms," to await further verification in some future proving. It is useless to burden the note-book with names of diseases or pathological guesses; they mislead far oftener than they help.

However undesirable it may be, the fact remains that time will not always allow the noting of every case in the careful manner directed by Hahnemann, but frequent practice in such work trains the mind to arrange the symptoms mentally in order, and the busiest practitioner can put down at least a summary; that is to say, the most striking, remarkable, uncommon, and characteristic signs and symptoms of the case. Thus only will he by and by be able, occasionally, to predict the result of a given prescription with assured confidence, and to rejoice in the result.

EDWARD CRANCH.

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## THE SECOND PRESCRIPTION.

(I. H. A., June, 1888.)

J. T. KENT, M. D., PHILADELPHIA.

What is more beautiful to look upon than the bud during its hourly changes to the rose in all its bloom. This evolution has so often come to my mind when patiently awaiting the return of symptoms after the first prescription has exhausted its curative power. The return symptom-image unfolds the knowledge by which we know whether the first prescription was the specific or the palliative, *i. e.*, we may know whether the remedy was deep enough to cure all the deranged vital wrong or simply a superficial acting remedy, only able to sustain a temporary effect. The many things learned by the action of the first remedy determine the kind of demand made upon the physician for the second prescription.

Many problems come up to be solved that must be solved, or failure may follow.

How long shall I watch and wait? is a question frequently



asked, but seldom answered. Is the remedy still acting? Is the vital reaction still affected by the impulse of the remedy? If the symptoms are returning, how long shall they be watched before it is necessary to act or give medicine? Is the disease acute or chronic? Why is the second prescription so much more difficult than the first? Why is it that so many patients are benefited when first going to the physician and thereafter derive no benefit?

I presume that most good prescribers will say, we have often acted too soon, but never waited too long. Many physicians fail because of not waiting, and yet the waiting must be governed by knowledge. Knowledge must be had, but where can it be obtained? To know that this waiting is right, is quite different from waiting without fixed purpose. This knowledge cannot be found where its existence is denied: it is not found with unbelievers and agnostics.

When the first prescription has been made, and the remedy has been similar enough to change the existing image, we have but to wait for results. The manner of change taking place in the totality of symptoms means everything, yet the manner of the return of the image, provided it has disappeared, means more.

*First.*—If aggravation of symptoms follow.

*Second.*—If amelioration of symptoms follow.

Aggravation of existing symptoms may come on with general improvement of the patient, which means well; but if aggravation of the symptoms is attended with decline of the patient, the cure is doubtful, and the case must be handled with extreme care, as it is seldom that such patients recover perfectly.

If amelioration follow the prescription, to what does the amelioration apply? It may apply to the general state or but to the few symptoms. If the patient does not feel the elasticity of life returning, the improved symptoms are the facts upon which to doubt recovery. The knowledge that the disease is incurable is often obtained only in this way. In such cases, every remedy may palliate his sufferings, but cure does not come. The symptoms that are the expressions of the debility are there, and hence the totality of the symptoms is not removed.

After the curative impulse has entirely subsided, the symptoms will appear one by one, falling into place to arrange an image of the disease before the intelligent physician for the purpose of cure. If the first prescription has been continuously given, there has been little if any chance of a pure returning image of the disease, therefore, this image must be very unrelia-

ble. When the remedy has been fully exhausted, then, and only then, can we trust the symptoms constituting the picture.

If the first prescription was the simillimum, the symptoms will return, when they return, asking for the same remedy. Too often the remedy has been only similar enough to the superficial symptoms to change the totality, and the image comes back changed, therefore looking like the image of another remedy, which must always be regarded as a misfortune, by which the case is sometimes spoiled, and the hand of a master may fail to correct the wrong done. Whenever the symptoms return in the same image, calling for the same remedy, then it is that we have demonstrated that for a time, if the disease be chronic, we have but to commend the range of dynamics to cure this case. This rule is almost free from exceptions if the remedy is an antipsoric. What must the physician do who has not the knowledge of dynamic medicines? He must sometimes see sick images come back without change of symptoms, though I believe it is seldom. The symptoms may call for Phosphorus as strongly as when he began, and Phosphorus<sup>ox</sup> has served and no longer cures. What can he do but change his remedy? Can it be possible that man can be so ignorant of how to cure as to give a drug that is not indicated because the one that is indicated does not cure? These ignorant mortals condemn the system of Homœopathy and feel that they have performed their duty to the sick, forgetting that ignorance was the culprit. I have observed in cases where a low potency had been administered in frequently repeated doses that some time must elapse before a perfect action will follow the higher potency; but where the dose had not been repeated after its action was first observed, the new and higher potency will act promptly.

When the symptoms come back after prudent waiting, unchanged, the selection was correct, and if the same potency fail to act, a higher one will generally do so quite promptly, as did the lower one at first. When the picture comes back changed only by the absence of some one or more symptoms, and no new symptoms, the remedy should never be changed until a still higher potency has been fully tested, as no harm can come to a case from giving a single dose of a medicine that has exhausted its curative powers; it is even negligence not to do just this thing.

When the demonstration is clear that the present remedy has done all it is capable of doing, and this demonstration cannot be made until much higher potencies than usually made have been tried, then the time is present for the next prescrip-

tion. To change to the next remedy becomes a ponderous problem, and what shall it be? The last appearing symptom shall be the guide to the next remedy. This is so whenever the image has been permitted to settle by watching and waiting for the shaping of the returning symptom-picture. Long have I waited after exhausting the power of a remedy, while observing a few of the old symptoms returning, finally a new symptom appears. This latest symptom will appear in the anamnesis as best related to some medicine having it as a characteristic which will most likely have all the rest of the symptoms. It is not supposed that this latter appearing symptom is an old symptom on its way to final departure; for so long as old symptoms come back and go, it is granted that no medicine is to be thought of.

It is an error to think of a medicine when a symptom-image is changing; the physician must wait for permanency or firmness in the relations of the image before making a prescription. Some say, "I must give the patient medicine or he will go and get some one else." I have only to say that it were better had all sick folks gone somewhere else, for these doctors seldom cure but often complicate the sickness.

The acute expressions of a chronic disease have a different management from the acute disease, *per se*: a child suffers from bronchitis every change of the weather, and may grow worse and worse if treated with the remedy for the acute symptoms. The miasm that predisposes the child to recurrent attacks must be considered. One recently under my care had received Antimonium tart., Calcarea, Sulphur, Lycopodium, etc., in such indiscriminate confusion that the child was not cured. The waiting on Sac. lac. through several attacks permitted the drugs to pass off and the true image of the sickness was permitted to express itself through several of the exacerbations taken as a whole. When Western ague is complicated with a miasm, a single paroxysm does not fully express the totality, but several must be grouped and the true image will be discovered. If the acute disease be uncomplicated with a miasm, the indicated remedy will wipe it out "*cito, tuto et jucunde*."

All things oppose haste in prescribing. In very grave diseases haste is the common error, more frequently with the second prescription than the first. Many doctors suppose that a diphtheria demands an immediate medicine because "something must be done." This is an error; many a life has been saved by waiting and waiting. For example: A little girl was suffering from a severe attack of diphtheria, and mother had



treated it four days with Mercurius<sup>3x</sup> and Kali bich.<sup>3x</sup> in alternation. She was poor, and therefore I did not refuse to take the case, which was then in a very bad state ; nose, mouth, and larynx full of exudation. After a long study, the child received Lycopodium<sup>cm</sup> (F.), one dose dry, which cleared out all the exudation from nose and fauces, but did not touch the larynx. I dare not tell you how long I watched that child before I saw an indication for the second remedy, which it would have never needed had the Lycopodium been given when the child first took sick. I waited until the poor child was threatening dissolution, when I saw a little tough, yellow mucus in the mouth ; Kali bich.<sup>cm</sup>, one dose, cleared the larynx in one day and there was no further indication necessary.

The first prescription is made with the entire image of the sickness formed. People usually send for the doctor after there can be no doubt of the sickness to be treated ; the doctor watches the improvement of the patient and the corresponding disappearance of the symptoms under the first prescription, and when the case comes to a standstill he is uneasy, and with increasing fidgetyness he awaits the coming indications for the next dose of medicine. Often he does not wait, and hence the reports of lingering sicknesses in our medical journals. This fidgetyness, which comes from lack of knowledge, unfits the physician as an observer and judge of symptoms ; hence we see the doctor usually failing to cure his own children. He cannot wait and reason clearly over the returning symptoms. The first prescription may have been correct, but the second prescription is dangerous to make in a hurry.

While watching the prescriptions of beginners, I have observed very often the proper results of the first prescription. The patient has improved for a time, then ceased to respond to any remedy. Close investigation generally reveals the fact that this patient improved after the first dose of medicine, that the symptoms changed slightly without new symptoms, and the new "photo" seemed to call for some other remedy, when, of course, the remedy was changed and trouble began ; constant changing of remedies followed until all the antipsorics in the *Chronic Diseases* had been given on flitting symptom-images and the patient is yet sick. This is the common experience of young Hahnemannians trying to find the right way. Some of experience make lesser blunders and some make few, but how many have made none? All of these blunders I have made, as I had no teacher, until I blundered upon the works of the great master.

The third great mistake (*Chronic Diseases*) which the homœ-

opathic physician cannot too carefully avoid in the treatment of chronic diseases is the too hasty repetition of the dose. The three precautions of the master found in the *Chronic Diseases* should be printed and posted in every physician's office and committed to memory. The third precaution relates to the second prescription.

The first prescription may not have been a well-chosen medicine, and then it becomes necessary to make a second effort. As time brings about the re-examination of the patient, new facts are brought out in relation to the image of the sickness that show that the first medicine had not been suitable; perhaps several weeks have passed and the re-examination shows no change in the symptoms. Shall I compare anew all the facts in the case to reassure myself of the correctness of the first prescription, or shall I wait longer? Yes, to the former, of course, and if the remedy still is the most similar of all to the symptoms, wait and watch and study the patient for a new light on his feelings that he has become so accustomed to that he has not observed. Commonly the new study of the case will reveal the reason why the first prescription has not cured; it was not appropriate. If it still appear to be the most similar remedy the question comes up, "How long shall I wait?" Also the change of potency may be considered. It is the practice of some to go higher, but the first dose may have been very high and then the previous question is to be considered, "How long shall I wait?"

At this point it should be duly appreciated that the length of time is not so important as being on the safe side, and "wait" is the only safe thing to do. But it may have been many days; but that matters not, wait longer. The finest curative action I ever observed was begun sixty days after the administration of the single dose. The curative action may begin as late as a long-acting drug can produce symptoms on the healthy body. This guide has never been thought of by our writers, but is well to be considered. Why not? It is the practice for some to go lower if a high potency has failed. This method has but few recorded successes, but should not be ignored.

The question next to be considered is the giving of a dose of medicine in water and in divided doses. This has at times seemed to have favor over the single dose dry. This is open for discussion, requiring testimony of the many, not few, to give it weight. The best of reports are made of both methods, and both are in harmony with correct practice.

The next important step to be considered is when the first

prescription has acted improperly or without curative results. Then it becomes necessary to consider a second prescription. The first prescription sometimes changes the symptoms that are harmless and painless into symptoms that are dangerous and painful. If a rheumatism of the knee goes to the heart under a remedy prescribed for the one symptom, the remedy has done harm; it is an unfortunate prescription and must be antidoted. If its antidote is not known the new symptoms must be prescribed for. Whenever symptoms are changed from surface to centre, the medicine must have an antidote. In incurable diseases when a remedy has set up destructive symptoms, an antidote must be considered.

If the medicine changes the general symptom-image and the general state of the patient is growing worse, the question then comes up, Was the prescription only similar to a part of the image, or, is the disease incurable? Knowledge of disease may settle this question. If the disease is incurable, the action of the remedy was not expected to do more than to change the sufferings into peaceful symptoms, and a second prescription is to be considered only when new sufferings demand a remedy. But suppose such a change of suffering comes after the first prescription, and the disease is undoubtedly curable, then the conclusion must be that the first prescription was not the true specific, and that the true image has not been seen. The second prescription is then to be considered, but hastiness may spoil all, as the first prescription has nearly done. Wait until the old image has fully returned is all there is to do. A prescription of the remedy that might have cured would now be useless in a chronic case. It is hazardous practice to follow up rapidly all the changing symptoms in any sickness with remedies that simply for the moment seem similar to the symptoms present. The observing physician will know by the symptoms and their directions whether the patient is growing better or worse, even though he appeared to the contrary to himself and friends. The complaints of patient or friends constitute no ground for a second prescription. The greatest sufferings may intervene in the change of symptoms in progress of permanent recovery, and if such symptoms are disturbed by a new prescription or palliated by inappropriate medicine, the patient may never be cured.

The object of the first prescription is to arrange the vital current or motion in a direction favorable to equilibrium, and when this is attained it must not be disturbed by a new interference. Ignorance in this sphere has cost millions of lives: when will



the medical world be willing to learn these principles so well that they can cure speedily, gently, and permanently? There can be no fixed time for making the second prescription ; it may be many months. The second prescription must be one that has a friendly relation to the last one or the preceding. No intelligent prescription can be made without knowing the last remedy. Concordances in Bœnninghausen must not be ignored. The new remedy should sustain a complementary relation to the former.

In managing a chronic sickness the remedy that conforms to an acute experience of the illness is worth knowing, as very often its chronic may be just the one that conforms to the symptoms. Calcarea is the natural chronic of Belladonna and Rhus. Natrum mur. sustains the same relation to Apis and Ignatia ; Silicea to Pulsatilla ; Sulphur to Aconite. The fact that Pulsatilla has been of great service in a given case and finally cures no longer, but the symptoms now point to Silicea, the latter will be given with confidence as its complementary relation has long been established. While, on the other hand, Causticum and Phosphorus do not like to work after each other, nor will Apis do well after Rhus.

How physicians can make the second prescription without regard to the experience of nearly a century, is more than man can know. These things are not written to instruct men of experience in the right way, but the young men who have asked so often for the above notes of our present practice. I am told almost daily that this kind of practice is splitting hairs, but I am more and more convinced of the necessity of obeying every injunction.

You should have no confidence in the experience of men who do not write out faithfully all the symptoms of patients treated, and note carefully the remedy and how given : especially is this necessary in patients likely to need a second prescription. The physician who has in his case-book the notes of every illness of his patients, has wonderful hold of any community. He has the old symptoms and the remedies noted that cured, and he can make indirect inquiry after all the old symptoms long ago removed. The pleasure is not small found in consulting such a note-book. Experience soon leads the close prescriber to note all the peculiar symptoms and to omit the nondescript wanderings indulged in by all sick people ; however, it is important to be correct in judgment.

Many physicians make a correct first prescription and the patient does well and cheers up for awhile, but finally the test

is made for the second, and then all is lost. Homœopathy is nothing if not true, and, if true, the greatest accuracy of detail and method should be followed. It is fortunate that the physicians who repeat while the remedy is acting are such poor prescribers, or their death list would be enormous.

A prominent writer has boasted that he could and had repeated high attenuations without effect. There can be no stronger confession than this of ignorance as to the knowledge of selecting remedies. Such men do not and cannot see their own lack of knowledge, or they would know why the statement is only a self-condemnation. Can it be that one physician who reads this will be urged to be more accurate in his habit when making the second prescription; if not, this effort is lost.

I have no hope of reaching such men as have only the desire to be scientific. Hahnemann never thought of establishing a science of medicine, but everywhere calls it the "Art of Healing." The sooner it is settled that men who are everlastingly seeking to be scientific and demonstrating this scientificity by chemistry, pathology, and the microscope are not homœopaths, neither indeed can be, the better it will be for the followers of law and truth.

The man who works for the mighty dollar cannot be reached by this paper. I am well aware that it will act upon him as do the raindrops upon the well-oiled fowl; neither can the vital spark look to him for protection. Yet a few will find their own efforts and experiences verified in this paper, and a few will profit by the recorded rules that have grown out of following law.

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### THE I. H. A. MEETING AT NIAGARA.

The work done was never so great as at the Niagara meeting. The new "*Bureau of Homœopathics*" occupied the first day, and papers have gone on record that will stand as reference texts so long as life is found on this mundane sphere.

There was no sneering at statements made that could not at first be considered of facts, but, on the contrary, thoughtful faces were seen everywhere. They listened and reflected over the proofs that formed opinions; they listened to the verified symptoms, to the confirmations, and to the clinical experience of physicians. Not once was heard the voice of derision nor the words, "I do not believe it." If any one thought it, he did not say so.

The provings with dynamic medicines were studied to ascertain the harmony of the image and the consistency within its record of sensations, knowing that the proof of the proving is often within itself observed only by those who know, *never by agnostics*.

The President opened the meeting and read an able address full of useful thoughts and properly toned. The eulogy on the lamented Lippe was well chosen. The rulings were wise and the sayings from the Chair will ever be remembered.

The work of reporting papers lasted four days, and the enthusiasm was at the highest pitch.

The election of officers was most complimentary to the Association, as everybody wanted some one else to be President.

The election resulted as follows: Wm. A. Hawley, of Syracuse, N. Y., President; Wm. S. Gee, of Chicago, Vice-President; Samuel A. Kimball, of Boston, Secretary; J. D. Tyrrell, Toronto, Canada, Treasurer.

Next place of meeting, Toronto, Canada.

J. T. K.

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## REMEDIAL ANCHYLOSIS.

GEORGE H. CLARK, GERMANTOWN, PHILADA.

(Read before the International Hahnemannian Association, at Niagara Falls, June, 1888.)

If an apology be necessary for offering facts with which every practical physician should be acquainted, the following case is tendered:

Some time ago, stopping in to see a gentleman on business, I found him with his right arm in a sling, and saw that he was unable to get his elbow away from the side, owing to ankylosis of the shoulder joint. Upon inquiry he informed me that he had a fall while walking about eight months before I saw him, striking the shoulder against a door-step. Since that time he had been under the care of his family physician, an allopath, who had used liniments without stint, and still he had a useless arm. I at once recognized a condition that is easily remedied—if one only knows how.

The function of a joint is movement. Nature provides a lubricant for this in the synovial fluid, which is being constantly poured out to keep the joint in working condition.

If, from any cause, the joint is kept at rest, the synovia will continue to be poured out, but as it is not being used, it will



form about the joint, from its glutinous nature, a state of affairs similar to the provisional callus poured about a fracture. The longer the joint is kept at rest, the firmer becomes the hardened fluid, until, finally, it is almost as rigid as bone.

In the case above noted I saw this was the condition, and by firmly grasping the arm I was enabled to break up this hardened synovia by active movements of the shoulder joint, and in less than five minutes the gentleman was able to put on his coat and use his arm for other purposes, and in less than one week his arm was as useful as ever. Such is what a knowledge of facts enables one to accomplish.

In more chronic cases, before attempting to break up the adhesions, it is better to have the joint enveloped in flaxseed poultices for about one week, and rubbed several times daily with neat's-foot oil.

This will serve to soften the adhesions, and render their breaking up easier.

This method may be applied not only to joints that have received injury, but also to those which have become ankylosed from disease, the disease having disappeared.

In joints in which disease exists, it is not well to attempt to bring about movement by any harsh measures. The indications for thus manipulating joints are : Where there is ability to make some movement, but which is checked by pain, and a spot tender on pressure.

These tender spots are usually found in false ankylosis, and in manipulating the joint it is well to find this spot, and exert pressure upon it in attempting to make movements.

"The tender spot is usually found about the inner aspect of the joint. In the hip it is over the head of the femur, and about the centre of the groin; in the knee, at the lower edge of the internal condyle; in the elbow, over the internal condyle of the humerus; at the wrist, over the scaphoid or semi-lunar bone.

"The painful spot being discovered, the limb must be steadied on the proximal, and grasped on the distal side of the affected joint, and thumb pressure applied to the seat of the pain, and the joint sharply flexed, or flexed and extended, sometimes also abducted and adducted, as the case may demand. The direction of movement must depend mainly upon the direction of resistance."

From a little work entitled *On Bone Setting*, published by Macmillan & Co. some years ago, much that is of value on this subject may be found, and I advise every one to procure a copy of it, if possible.

To this work I hereby acknowledge my indebtedness.

## PROCEEDINGS OF THE HAHNEMANN CLUB OF TORONTO.

Regular meeting of the Hahnemann Club was held on Wednesday evening, June 6th.

The sight of the vacant chair formerly occupied by our honored President, Dr. Hall, caused a feeling of gloom to pervade our meeting. We missed his genial face and valuable advice and criticism. It was moved by Dr. Tyrrell, seconded by Dr. Emory, that Dr. E. T. Adams be elected President for balance of club year; the motion was carried, and the Doctor, in flowing terms and faultless diction, gracefully acknowledged the honor conferred upon him.

The subject of convulsions will be continued at our next meeting.

The papers on *Convulsions* were read, as follow:

J. D. TYRRELL,  
*Secretary-Treasurer.*

### APIS.

This remedy will probably be found most frequently indicated in the convulsions of children, dependent upon some form of cephalic disturbance, and in acute apoplexias.

**CHARACTERISTICS.**—Soporose conditions, interrupted by occasional frequent sudden startings, accompanied by a *shrill cry, almost amounting to a shriek*. Extreme restlessness at night. General aggravation toward morning. *Urine suppressed or scanty, red, and hot.*

*Child awakens from a sleep with a sudden, shrill, piercing cry, and convulsions immediately ensue.* Irritable, irascible mood; more rarely dejection.

All troubles arise and centre in jealousy.

Child lies in torpor; delirious, sudden shrilling cries, squinting, grinding the teeth, boring head in pillow; one side twitching, the other paralyzed; head wet from sweating; urine scanty, red, hot, or milky; big toe turns up; nausea, breath offensive; tongue red, sore; hydrocephaloid; eyes red, head hot, shrill shrieks, tongue dry, skin dry, hands cold and blue; urine suppressed, abdomen tender; mucous, purulent, offensive, involuntary diarrhoea; head large and eyes prominent; fontanelles re-open at from six to ten months, with great restlessness, and frequent putting of the hand to head.

Bores head into pillow.

Bending back and rolling of the head. Œdematous swellings in general, particularly about face and eyes. Photophobia, pupil drawn to one side in an oblong direction ; double vision.

Quivering and twitching of eyelids and eyeballs, particularly the left. Anxious expression of face, or an expression of terror or apathy, which may be pale and œdematous, or flushed.

Spasmodic snapping of lower jaw ; generally absence of thirst ; great debility.

Single jerks of one or more limbs frequently repeated.

W. J. HUNTER EMORY.

### HELLEBORUS.

I feel that I cannot better begin my article upon the above drug and its indication in convulsions than by repeating Hahnemann's description of the effects of this drug, a description I have never seen equaled. He says : " I conclude from various observations that one of the first effects of black Hellebore is a state of stupor, a dullness of the *sensorium commune*, a condition where, with a sight unimpaired, nothing is seen very fully, and the patient does not pay any attention to anything ; where, with the hearing perfectly sound, nothing is heard distinctly ; where, with properly constituted gustatory organs, everything seems to have lost its genuine taste ; where the mind is often or always without ideas ; where the past is forgotten or little remembered ; where nothing gives one any pleasure ; where one's sleep is very light, and a really sound, refreshing sleep is not to be had ; and where one desires to work without having the necessary strength or the attention required for it."

Experience has proved how exact were these observations. Mentally we find that the power of the mind over the body is greatly diminished. It is only by a strong effort that the mind is fixed upon the action desired ; difficulty in keeping control of two acts at the same time ; great depression ; weakness of memory ; despairing, hopeless, lamenting mood ; homesickness ; worse from consolation (*cf.* *Natr. mur.*), does not like to be disturbed ; but thinking of symptoms relieves them. (*Comp. Camphor.*)

The countenance usually expresses the lack of accord between mind and body—stupid, absent. Pressing headache, stupefaction ; stupefying headache, with coryza four to eight P. M. (*Compare Lyc.*)

Rolls head night and day, moaning. Burning heat in head ; pale face. Throws head back and from side to side.



Photophobia, without inflammation. Pupils : contracted, dilated ; alternately contracted and dilated. Vacant look, pupils dilated, eyes wide open. Eyeballs turned upward, squinting.

We find convulsive twitchings of the muscles generally.

Automatic motions of one arm and leg. Convulsions, with extreme coldness ; of sucklings.

Epilepsy, with consciousness, followed by deep sleep.

Muscles relaxed suddenly.

Eclampsia ; a noise or shock shortens the attack.

Except in sleep the arms are continually moving automatically.

Thumb drawn into the palm.

Legs drawn up with every attempt to change her position. Worse at night, from evening until morning. Remission during the day.

Puerperal convulsions. (Urine scanty, albuminous.)

Antidotes : *Camphor*, *Cinchon*.

EDWARD ADAMS.

## HYOSCYAMUS.

This drug is indicated in those cases in which the nervous system is especially affected. The disorders calling for its use are not so deep-seated as those for which Belladonna would be suitable, nor do we notice the cerebral hyperæmia characteristic of the latter. On the other hand, even in its own sphere, the nervous system, it is inferior in intensity to Stramonium, while resembling it in some respects. Its symptoms resemble in some points those of delirium tremens, for which it is sometimes indicated. Among mental symptoms, we notice loss of consciousness, sometimes complete, sometimes partial. The patient may answer a question properly, but immediately becomes unconscious again. Sexual excitement sometimes prevails, with its natural concomitants. Dilatation of the pupils, with dim or perverted vision, is a frequent symptom ; and visual hallucinations are not uncommon, the patient seeing, with great distinctness, though only with his mind's eye, objects or persons which are not present.

With regard to the convulsive attack, we may notice that the muscles are affected in two ways—sometimes being a subject to sudden jerks of short duration, and sometimes to long-lasting spasms. The muscles may be affected singly or in sets, or the whole body may be rigid, as in tetanus.

Sudden falling to the ground with shrieks and convulsions, as in epilepsy, would indicate this remedy, of which we may further add that it appears to be especially suitable for children, old men, and the victims of intoxicating beverages.

HAMILTON EVANS.

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## NUX VOMICA.

### *Characteristics.*

1. Aggravation at three A. M.
2. Disposition irritable, choleric, impatient, malicious, and spiteful.
3. The symptoms are worse in the morning, made worse by motion, exertion, and exposure to cool air; ameliorated by repose and warmth. (Contra Puls.)

### *Special indications.*

During the convulsions of Nux, the mind is not affected. (Contra Stram.)

The convulsions are generally interrupted by periods of calm, from which, however, they are renewed by the least noise, a breath of air, or the lightest touch.

The reflex function of the spinal marrow is unquestionably affected by Nux, which should be always in mind in convulsions from reflex irritation. (Acon.)

Convulsions from emotions, anger with anxiety, fright, vehemence; from indigestion, preceded by constipation and jaundice; opisthotonus with consciousness; limbs numb and rigid.

Renewed by bright light, sudden jar, noise, or the least touch; followed by deep sleep; whole body stiffened, pulse and respiration imperceptible; in the intervals twitching of extremities; trembling, ending in spasms; frightful tetanic spasms from least touch, as feeling the pulse; spasms with tetanic rigidity of nearly all the muscles of the body, with momentary interruptions, during which the muscles relaxed; violent tetanus, head drawn backward, arms extended, fingers flexed, jaws firmly contracted, face livid, eyes open, fixed, protruded; trunk stiff, legs extended and widely separated, feet turned out, toes flexed; skin dry and warm; respirations loud. Convulsions last two minutes, with intermissions of five minutes; renewed by noise, touch, jar, etc.

*Generalities.*

Aversion to open air; sensation of anxiousness in the body; pungent biting pains; bleeding from inner parts; congestion of blood to single parts; pain, as if being bruised, in outer parts; burning pain of exterior or of inner parts; too great irritability; inclination to lie down; aversion to moving; great debility, with oversensitiveness; pain, as if being paralyzed; when walking staggers, drags feet;

Worse in cold, dry weather;  
 " cold air;  
 " lying on the back;  
 " lying on right side;  
 " on moving.

Better in wet weather;  
 " warm air;  
 " lying on left side;  
 " on reposing.

*Differentiation.*

## NUX.

Heat, with aversion to uncover;  
 Prevalent right side;  
 Worse in snowy air;  
 Most frequently improved by bending diseased part backward (*e. g.*, Opisthotonus);  
 Worse on right side;  
 Nasal secretion watery.

## ACONITE.

Heat, with inclination to uncover;  
 Prevalent left side;  
 Worse from heat of sun;  
 Most frequently aggravated by bending diseased part backward;  
 Better on right side;  
 Nasal secretion thick.

A. B. EADIE.

## OPIUM.

MR. PRESIDENT AND GENTLEMEN :—To give an exhaustive paper on Opium in convulsions would be to make my paper too long, so I shall merely give a few leading symptoms. While it will not do to state about any remedy that it will not act save in such a class of complaints, I think one can safely say that Opium is more likely to be indicated in *recent rather than chronic conditions*, and in diseases occurring in either extreme of life, the very young or the aged.

The face is usually very dark red; the darker red the face the more Opium will be indicated; veins distended; face is not only red, but looks inflamed, and the lips are swollen; eyes look wild, red, and protrude from their sockets. Tetanus, the back is stiff and straight; opisthotonus, the trunk is curved in the form of an arch.

Apoplexia, with vertigo, buzzing in ears, unconscious, red, bloated face, red, half-closed eyes, dilated, insensible pupils, foam at mouth, convulsive movements of limbs, and *slow, stertorous*



breathing, which *stertor is continuous*. Puerperal convulsions during and after labor, with unconsciousness and drowsiness, or coma between the paroxysms.

Epilepsy, from fear or fright, or after bitter reproaches; epileptic fits, *especially at night or toward morning*, with loss of consciousness (conscious, Hell.), violent movements of limbs, and suffocative paroxysms.

Opium has apoplexy, with half-closed eyes; heat, with sweat; paralysis of the *right side of body*.

Aconite has apoplexy, with staring eyes, hot head, cold extremities, and paralysis of *left side of the body*.

Camphora has predominantly apoplexia nervosa, no paralysis of limbs; Opium, apoplexia sanguinea, paralysis of limbs.

Opium, apoplexia sanguinea, *eyes protruding*; Ant. tart., apoplexia nervosa, and Serosa, *eyes sunken*.

Opium has apoplexia more frequent than paralysis; the *paralysis is painless*; jerks, the flexor muscles only active; screams with convulsions, loss of consciousness; Plumbum has paralysis more frequent than apoplexy; the *paralysis is predominantly painful*; jerks, flexor and extensor muscles alternately; rarely screams with convulsions; conscious. Puerperal convulsions of Stram. have copious sweating.

Predominant effects of Opium: *general insensibility of the whole nervous system; diseases of drunkards; of senile age; tremor of whole body, with jerking and twitching of limbs; convulsions and spasms, epilepsy, tetanus, opisthotonus, apoplexia; bad consequences of fright if Opium be resorted to immediately after fright; if used too late Opium does mischief.*

J. D. TYRRELL.

## A GYNÆCOLOGICAL CASE.

E. W. BERRIDGE, M. D., LONDON.

January 16th, 1883, a lady recommended to me by Dr. Bayard, of New York, wrote to me respecting her daughter, who had been married two months, and was probably pregnant. The symptoms given were as follows: Dull, constant pain, indicating prolapsus uteri; also for the last week headache, dizziness, loss of appetite, and chilliness: though naturally playful, now seems very desponding. I prescribed *Pulsatilla*<sup>em</sup> (F. C.), a dose every morning for seven days.

January 23d, the mother wrote that the uterine pains were

much relieved, but the nausea (not mentioned in her former letter) grew worse; little appetite, headache over eyes, coated tongue, skin looking bilious, much depressed in spirits; nothing remained long on stomach, and the nausea sometimes continued at night. As the indications were not clear, I prescribed no more medicine till she could see me.

February 4th, I saw her in London and took the following *photo*: Nausea soon after waking. If she can vomit white froth before any meal she can retain the meal, but not otherwise. Nausea comes on at any time. Yesterday had longing for peas or beans; for a week or two has had at times craving for vegetables. Is more cheerful since seeing her friends in London. Thirsty for little at a time, but cold water causes nausea. Likes warm drinks better than cold. About five or six years ago had backaches, and Drs. Swan and Bayard diagnosed kidney mischief. Always has had frequent desire to urinate, and now it is much worse, coming on continually, sometimes without result. Dull pain in lower abdomen before urinating (used to have this symptom even when in ordinary health, if she had to refrain from urinating); after urinating, shooting in left abdomen from behind forward, on the same level as the dull pain, lasting from three to four minutes, and followed by the dull pain again. If she lies on left side feels a sore spot in left abdomen; better by lying on right side, and especially better if something is placed between knees. Last menses commenced on December 13th, but much less than usual. Hands and feet cold. Constipated for over two weeks; has to use a cold water enema daily. Dreams much about robbers and wild animals, very vivid, and the impression lasts after waking.

Any movement makes her feel chilly between scapulæ with creeping there, followed by chilliness in stomach, going backward into her. Sore throat if she gets her feet wet.

*Diagnosis of remedy.*—I took the peculiar dreams as the keynote of the case, on account of their close relationship to mental symptoms.

Dreams about robbers belong to *Alum.*, *Aur.*, *Bell.*, *Calc-ph.*, *Castoreum*, *Ferr-iod.*, *Jacaranda*, *Kali-c.*, *Lilium-c.*, *Magn-c.*, *Magn-m.*, *Magn-s.*, *Merc-sol.*, *Merc-iod-rub.*, *Merc-sol.*, *Natr-c.*, *Natr-m.*, *Petr.*, *Phell.*, *Phosph.*, *Plumb.*, *Psor.*, *Ptel.*, *Rumex*, *Sanicula*, *Silic.*, *Verat.*, *Zinc*.

\*Dreams of wild animals, *Daphn-ind.*, *Hydrast.*, *Hyos.*, *Indium*, *Lycop.*, *Merc.*, *Phos.*, *Puls.*, *Sulph.*, *Tarent*.

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\*NOTE.—In Allen's *Index*, p. 813. Dreams of crocodiles is attributed to *Ledum palustre*; it should be *Sedinha*.

Dreams continuing after waking, *Calc.*, *China*, *Ign.*, *Natr-c.*, *Natr-m.*

This reduces the number to *Natr-c.*, *Natr-m.*, *Phos.*, *Puls.* Pain in abdomen after urinating belongs to *Chelid.*, *China*, *Magn-c.*, *Natr-mur.*, *Staph.*, *Sulph-ac.*

This reduces the number to *Natr-mur.*, which also has chilliness when moving, and nausea from drinking. The other symptoms I could not find under this remedy, but selected it as corresponding to the greatest number and the most important. To leave off salt (*R. Natr-mur.<sup>1m</sup>*, Jenichen) twice daily for six days.

February 6th.—Sends the following report by letter : Urinary symptoms have materially abated, but the pain in left side seems worse ; this latter pain is in region of left ovary, as if something had become attached to the walls of abdomen, and the extension of any muscle there gives a pain as if stitches were being ripped. The constant pain is a pulling, ripping pain, and yesterday it was so much worse that the whole left leg as far as the knee felt numb. A year ago had the same pain in a less degree, and was examined by Dr. Webster, a lady physician, who discovered slight enlargement of left ovary. Yesterday a new pain came on ; when she has been for sometime allowing her left side to sustain its equal share of the weight of the body, a pain comes on parallel with the vagina, but quite to the left ; it is sharp, but not shooting ; it does not move, but seems to come at once into its entire course, as if it were wedge-shaped, the point being in region of left ovary, and the base quite to the left of the orifice of vagina ; this pain was very frequent yesterday. Also yesterday, when walking, constant feeling as if she was going to fall ; no giddiness, but it seemed as if at any movement her heels would rise off the ground and that she would fall stiffly on her forehead. Yesterday it was only once, before breakfast, necessary to relieve the stomach of the froth. Languid yesterday, and did not sleep well last night. This morning vomited pure bile, instead of the white froth, before breakfast. Yesterday severe headache ; it seemed to be in the very bones, increased by cold air, and ameliorated by any warm applications to forehead ; to-day it has quite gone ; she never had such headaches in the United States. Continue medicine.

February 13th.—Her mother writes : Has been much better till this morning. Has had no medicine since February 10th. Has not been sick till to-day, except morning and evening, but now has nausea almost always, and feels very languid in mind



and body. The pains are better, but the wedge-shaped pain comes on at times, especially at night, so severe as to affect the left leg. Headache, with general feeling of enlarging and pressure on vertex. Light dim after using eyes a short time. Constant desire to have occiput supported.

February 17th visited me again—no medicine—and gave the following report: Sickness much better, only before breakfast, and one day it did not take place at all. Feels better. The pulling, ripping, adhesive-feeling pains are quite gone. The wedge-pain is only a little better; it is worse at night, especially when lying on left side, and it causes cramp in back of left thigh, especially at night and worse then if lying on left side. Still some headache. Constant desire to have occiput supported, which relieves pressure in occiput and down back. Feeling of falling is gone. More constipation. Less dreaming; no dreams of robbers or animals, and the impression no longer lasts after waking. Chilliness gone. Feet are still cold. No unnatural thirst. Urination quite normal. Sore pain in abdomen gone. Eats no raw salt now. Bruised pain in left natis, burning and sharp pain going about an inch upward and inward when sitting on that side.

As the former remedy appeared to have ceased to act, and a new symptom of importance arisen, I took it as the key-note for the next prescription. *Causticum* is the only remedy I could find having bruised pain in nates when sitting; and though I could not find under it either the wedge-pain or the desire to support occiput, yet as it corresponded to the latest symptom it was evidently the *simillimum*.

*Causticum*<sup>cm</sup> (Fincke) every morning for seven days. March 6th wrote to say she was feeling quite well, with great improvement in all her symptoms, till she took a bad cold, which now confined her to bed for two days. Dry, hollow cough, sounding like croup; pain in left lung when coughing; throat very sore, most inflamed on left side. Skin hot and dry. Eats well, and retains her food. Last night great dyspnoea and choking in throat. Has taken *Aconite*,\* but with only slight relief.

*Lachesis*<sup>cm</sup> (F. C.) every three hours for four days. March 14th, the *Lachesis* did some good, but the catarrh has brought back some of the former symptoms. Bruised pain in left natis returned, but not so sharp as formerly, on sitting; worse by coughing, especially if she is standing. Bowels move regularly,

\* "Taking cold the cause of half our diseases." Specific, *Aconite*. But, unfortunately for the reputation of the discoverer, it does not answer unless the symptoms correspond.

but stools too large and painful. No urinary trouble. Every morning vomits froth, but not food, and very seldom does nausea accompany it. Not much dreaming now. Chilliness gone. Pain in left ovary had ceased, but has returned a little; no wedge pain now. No feeling of falling. Cough caused by feeling of a ball in throat, with sputa like white of egg; cough worse in cold air, but *better* by eating and by talking. Feels mentally and physically fatigued. Hiccough troublesome at times. *Causticum*<sup>cm</sup> (Swan) every four hours for a week.

April 14th writes that all the old pains have gone, though once or twice after over-fatigue they returned with some severity, passing off in a day or two. Sickness every morning with occasional exceptions, but no nausea; it is still white froth, seldom any bile, and there are now four or five greenish spots in it. Often troubled after eating, and also when she has been sometimes without a meal, with a burning extending from roof of mouth to stomach. At times burning sour taste in mouth. Constipation; stools very painful. After rising in morning and moving about, sensation of an ice-cold wind blowing against her in region of stomach, and extending over the breast; the pain at times is excruciating, and reaches its climax at the nipple. During the past week this pain has been somewhat relieved by wearing a piece of flannel. These sensations occur at times *from change of motion*, but are never so exquisitely painful as in the morning, and they never occur at night. Irritability, which she controls with effort, and a longing to tear or break something; this last symptom she has often had before, but it is now peculiarly strong; the motive is not spiteful. Her younger brother has this symptom, and says it relieves him to break things.

#### Diagnosis of remedy:

Destroys things.—*Agar.*, *Ananth.*, *Bell.*, *Bufo*, *Canth.*, *Carb-sulph.*, *Cubebs*, *Hyos.*, *Laches.*, *Laur.*, *Merc-iod-flav.*, *Moschus*, *Phosph.*, *Plumb.*, *Stram.*, *Solan-tub-ægr.*, *Stront.*, *Sulph.*, *Tarent.*, *Verat.*

Breaks things.—*Hura*, *Solan-tub-ægr.*

Tears things.—*Bell.*, *Camph.*, *Hyos.*, *Op.*, *Phosph.*, *Stram.*, *Sulph.*, *Verat.*

Frothy vomit.—*Acon.*, *Æth.*, *Ars.*, *Arund-m.*, *Canth.*, *Cepa*, *Cic-m.*, *Croton*, *Cupr.*, *Ferr.*, *Kali-b.*, *Kali-oxal.*, *Kali-sulfuratum*, *Lycop.*, *Merc-corr.*, *Morph.*, *Mur-ac.*, *Natr-c.*, *Op.*, *Oxal-ac.*, *Phosph.*, *Pod.*, *Tart.*, *Verat.*, *Verat-vir.*, *Zinc-mur.*

This reduces the list to *Canth.*, *Phosph.*, and *Verat.*, of which only the last two have the symptom "tearing things." Both have the burning and coldness in stomach, though neither has

the feeling of a cold wind. (*Coccus* has sensation of cold air blowing in stomach, but this remedy does not otherwise correspond.) Only *Veratrum* has white vomit. *Veratrum*<sup>mm</sup> (Fincke) once daily for a week.

May 30th reports that she took the first dose about noon of April 16th. No sickness the next day, nor any other symptom. Took no medicine second and third mornings. The third day, about three P. M., the coldness and sickness returned; she then took a dose, and in about half an hour all had gone. She then finished the medicine, taking a dose every morning, and has felt perfectly well ever since.

September 30th was safely delivered of a fine girl, the labor being short and easy. Obstetrics, like operative surgery, being a branch of the profession to which I never felt any inclination, I have not practiced as an obstetrician for very many years, except in a few special cases where my services were specially requested, and the patient made it worth my while to devote the *necessary* time to the case. So a colleague (Dr. Mary Hall) attended the accouchement. On September 6th she wrote to me: "The child has exchanged kicks for rolling itself into knobs; patient finds herself moaning, apparently from this condition." I sent one dose of *Pulsat*<sup>cm</sup> (F. C.), which removed this sensation at once.

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## ON THE NERVOUS DISTURBANCES OF PELLAGRA AND USTILAGO MAIDES.

Professor Tuizeck, of Marbery, visited Lombardy and Venice in order to study pellagra at its usual home, and he found that among ten thousand pellagra patients ten per cent. are mentally alienated, and ten per cent. succumb to the disease. He studied three hundred and fifty cases, and participated in eight autopsies.

During the first stage of the disease we meet great muscular debility, erythema on the back of the hand and mental debility. Thus the first attack may close, till in the following spring all symptoms reappear, but those of the central nervous system become worse. Even now the patient may recover. During the third year all manifestations reappear, and now the mind begins to suffer. The morbid manifestations of the first stages vary greatly according to the prevalence of spinal or cerebral symptoms. In the latter stages mental functions are always greatly disturbed, and *melancholie cum stupore* is the rule. The patient



shows a peculiar look characteristic of the disease. In a few cases maniacal states were observed or manifestations reminding one of paralysis, or twitchings in various parts, as in epilepsy, but no genuine epileptic attacks. Among the spinal manifestations paraesthesia deserves mentioning, and such an unbearable burning, itching of the skin that it may lead to suicide, sensation of globus, cervical pains, sensation of constriction as from a cord. As disturbances of motility we meet general malaise, muscular spasms, in more severe cases twitching and cramps of the muscles. Patellar reflex was studied on three hundred cases, and found increased in about two-thirds of the cases, sometimes to such a degree as showing patellar clonus. In twenty-three cases the foot-clonus was intense, corresponding to the picture of spastic spinal paralysis. In seven cases the patellar reflex was absent. Among the vasomotory disturbances cutis anserina must be mentioned; among the secretory disturbances inhibition of the perspiratory function and of other secretions.

Of great importance is the exanthema. It is an erythema of the uncovered parts of the body, especially of the hands; though it is also found on the covered parts, and it may disappear after a few months. After every relapse residua remain, the skin becomes like parchment, dark, drawn, and rhagades from under the cutis. A further trophic disturbance we find on the tongue, which becomes fissured and devoid of epithelium. We deal here with a chronic intoxication, analogous to ergotism.

Our results from the autopsies are not quite ready. Whereas, of the Italian authors, Tonine found changes in the posterior columns, with co-affection of the lateral columns, Tuizeck found a combination of affections of the posterior columns, and of the posterior lateral columns. The gray substance, Clark's columns, are nearly always intact. The affection of the white matter is in all cases bilaterally symmetric.

Corpora amylacea in large quantities. Anatomical examination confirmed the analogy with ergotism, but in the latter the posterior columns are affected, in lathyresmus the lateral columns, whereas in pellagra we meet a combined affection of the posterior and postero-lateral columns. Whether the disease has anything to do with micro-organisms, which course in the blood, and thus reach the nervous system, is more than doubtful. —*Centralbl. f. Nervenheilkunde*, 19th, 1887.

Let us try now to study the symptoms of *Ustilago* as given here by Professor Tuizeck, and compare them with those of *Secale cornutum*, and *Lathyrus*. In all three we find similarity,

but certainly the acting poison differs greatly in each of them. We will finally act on Professor Allen's hint, and compare also Lathyrus with Calabar bean.

Ergot and Ustilago show a marked action upon the brain and spinal chord, but in Ergot we find at first stimulation, soon followed by paralysis, whereas, under Ustilago mental deterioration shows itself from the very start as mental hebetude, to be increased in the third attack to a state bordering on idiocy, while under Lathyrus we meet no mental symptoms recorded, nor does Physostygma give us any disturbance of the mind. The acting poison of these beans must differ therefore materially from those found in sweet rye or sweet corn.

The disturbances of motility found in pellagra consist in general malaise, muscular debility, and in severe cases muscular spasms and cramps. Corresponding to it we read in our provings "very languid for a number of days after the proving; number of faint spells, commencing in epigastrium, felt oppressed for want of fresh air; frequent rheumatic (far more neuralgic?) pains in the upper and lower extremities, tingling sensation in right hand and arm."

Wood, in his *Materia Medica*, page 526, gives us the symptoms of ergotism: violent and painful tonic contractions, affecting especially the flexor, gradually increasing to tetanic paroxysms, with death from exhaustion, also gangrenous ergotism, beginning by tingling numbness and formication, an insupportable sense of fatigue, an earthy hue of the skin, coldness of surface.

In Lathyrus, on the contrary, we find only paralytic symptoms of the *lower extremities*, with tremulous, tottering gait, sensibility remaining intact, and during rains followed by emaciation of the affected limbs, while the upper extremities retain their natural appearance, shutting their eyes while standing or walking in no wise modified their attitudes and movements.

That other bean, Physostygma, acts in a similar manner as Lathyrus, for Bartholow in his *Materia Medica*, page 412, says of it: "The Calabar bean does not affect the centres of conscious impressions, and consciousness is preserved until the oxygenation of the blood is so far interfered with that carbonic acid narcosis supervenes. Giddiness, vertigo, and a sense of muscular weakness are produced by considerable doses. When a lethal dose is given complete paralysis ensues. The voluntary muscular system before complete resolution occurs is agitated by a succession of tremors—temporary tetanic contractions, followed by entire relaxation. Muscular contractility is not even accompanied by Physostygma and the sensibility of the sensory

nerves is rather heightened, and Dr. W. P. Wesselhœft (Allen, vii, 496) says : "The chief action of the drug seems to be in the nerves and showing a very curious double action, exciting the nerves in the front of the body to involuntary motion, causing trembling and going up and down in wave-like motions, but the nerves in the back of the body it seems to paralyze and numb, and during this numbing process it causes a good deal of pain."

*Ustilago* gives us paraesthesia of the skin, unbearable itching or burning of the skin. *Secale*, formication, with a sense as if mice were creeping under the skin, crawling in the tips of fingers, hands, neck, and other parts, as if the parts had been aching, and sensation returning with returning warmth. The sensory nerves are unaffected in *Lathyrus* and Calabar beans—in fact, in relation to nervous symptoms are awfully deficient, and except to *Ustilago* we hardly even know whether the tendon reflexes are normal or abnormal.

Our two first drugs show most severe influence on the skin, *Ustilago* producing an itching, burning erythema (reminding one of its neural origin) of the uncovered parts of the body, though it may also appear on the covered parts, and leaving by and by the skin parchment-like—dark brown and with rhagades under the skin. *Secale*, dry and withered appearance of the skin and of a muddy, yellow hue, the parts gradually become numb, and lose all sensibility. This dry gangrene is often preceded by great burning, itching of the skin, and scratching only increases the unbearable heat. In relation to skin symptoms we find nothing mentioned under *Lathyrus*, as no proving was ever made, and under *Physostigma* we only read of petechial eruption (somewhat similiar to *Secale*) with a pricking sensation all over the affected parts.

The most interesting part to me was the revelation given by the autopsies, and they fully deserve our close attention. Tonini and Tuizeck found in the *Ustilago* pellagra a combined affection of the posterior and postero-lateral columns, the gray substance and Clark's columns intact. In ergotismus the posterior, in lathyrismus the lateral columns are affected. *Ustilago* ought, therefore, to be a valuable remedy in spastic paralysis, in spinal paralysis of infants and adults, followed by atrophy, whereas *Secale* might be thought of in the first stages of locomotor ataxia, when the pains are so often wrongly diagnosed as rheumatic ones. *Lathyrus* ought certainly to be tried in those sudden cases of paralysis, coming as it were over night, and being entirely of spinal or peripheral origin. We know very little yet of ascending paralysis, and in relation to the homœopathic appli-



cation of our remedies our *Materia Medica* needs overhauling, and this more so as the whole study of spinal affections dates back only a few decades. What a difference between the pathology of the first fifty years of this century and that of the present, and how much has been done in the latter part of it, and how much must be done yet to clear up the dark corners! If drug therapeutics is our branch, let us see to it that we progress *pari passu* with the other laborers in other branches, for only then we perform our part as faithful and progressive homœopathic physicians.

S. L.

## SYCOTIC WARTS.

WARTS in general: Ambr., Amm-c., Anac., Ant-cr., Ars., Bar., BELL., Berb., Borax, Bov., CALC., Carb-an., Carb-v., CAUST., Chel., Con., Cupr., DULC., Euph., Euphr., Hepar, Kali-c., Lach., Lyc., Nat-c., Nat-m., NIT-AC., Petr., Phos., Ph-ac., Rhus, Ruta, Sabin., Sars., Sep., Sil., Spig., Staph., SULPH., Sul-ac., THUJA.

## CHARACTER.

- beating (pulsating): Calc., Kali-c., Lyc., Nit-ac., Petr., Sep., Sil., Sulph.
- bleeding: Nat-c., Nit-ac., Thuja.
- burning: Ars., Lyc., Petr., Phos., Rhus, Sep., Sulph., Thuja.
- flat: Dulc., Lach.
- — hard and brittle: Ant-cr.
- fleshy or seedy: Caust., Nat-m.
- hard: Ant-cr., Borax, Dulc., Ran-b., Sil., Sulph.
- horny: Ant-cr., Borax, Ran-b., Sulph., Thuja.
- indented: Calc., Euphr., Lyc., Nit-ac., Ph-ac., Rhus, Sabin., Staph., Thuja.
- inflamed: Amm-c., Bov., Calc., Caust., Hepar, Lyc., Nat-c., Nit-ac., Rhus, Sep., Sil., Staph., Sulph.
- itching: Euphr., Kali-c., Nit-ac., Phos., Sulph., Thuja.
- large: Caust., Dulc., Nat-c., Nit-ac., Kali-c., Sep.
- old: Calc., Caust., Nit-ac., Rhus, Sulph.
- painful: Caust., Nat-c., Nat-m., Nit-ac., Ruta, Sabin., Sulph., Thuja.
- — as if sore: Hepar, Lact., Nat-m., Nit-ac., Sabin., Thuja.
- pedunculated: Dulc., Lyc., THUJA.
- small: Bar., Calc., Dulc., Hepar, Lach., Rhus, Sars., Sep., Sulph., Thuja.

WARTS, Stinging : Ant-cr., Bar., *Calc.*, *Caust.*, Euphr., Hepar, Lyc., *Nit-ac.*, Rhus, Sep., Sil., *Sulph.*, Thuja.

— suppurating, humid : Ars., Bov., *Calc.*, *Caust.*, Hepar, Sil., *Thuja*.

— tickling : Sulph., Thuja.

— ulcerated : Ars., *Calc.*, *Nat-c.*, Phos.

#### LOCATION.

Eyes, below : Sulph.

Eyebrows : *Caust.*

Eyelids : *Caust.*, *Nit-ac.*

Canthi : *Nit-ac.*

Nose : *Caust.*

Tongue, nodosities or warts on the : Mang-acet.

Face : *Caust.*, Dulc., Kali-c., *Nit-ac.*, Sep.

Mouth : *Calc-ph.*

Arms : Ars., *Calc.*, *Caust.*, Dulc., *Nat-c.*, *Nit-ac.*, Sep., *Sulph.*

— forearm : *Calc.*

Hands : Anac., Berb., Borax, *Calc.*, Dulc., Lach., Lyc., *Nat-c.*, *Nat-m.*, *Nit-ac.*, Phos., Rhus, Sep., *Sulph.*, *Thuja*.

— palms : Anac., *Nat-m.*, Ruta.

— fingers : Berb., Lach., Lyc., Petr., Rhus, *Sulph.*, *Thuja*.

— — ends of fingers : *Caust.*, *Thuja*.

— — back of fingers : Dulc.

— — knuckles : Pallad., Selen.

— — sides of fingers : *Calc.*

— — thumb : Lach.

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#### GYNÆCOLOGY.

S. W. COHEN, WACO, TEXAS.

(Read before the Texas State Homœopathic Association, May 3d and 4th, 1888.)

Evolution is an acknowledged fact. The intelligence of the nineteenth century has ceased to argue the question. It begins with the germinal birth, so to say, or initial life of everything, be it a highly organized sentient being or a lowly shrub or flower ; be it the imagination of an art or a science, call it what you may—mechanics, music, or medicine—and it follows the thread of its original purpose through every phase and change, from the inception to the highest type of its fullness. Evolution has plied her plastic hand to that special department of medicine termed gynæcology, as well as to other classical sciences. Clas-

sical! for the science was born at even date with, if not before, the time when the lyres of ancient Greece and Rome were attuned to poetry and song. Its birthplace was probably ancient Egypt, and much of gynæcological import incorporated in the *Talmud* was either borrowed from the Pharaohs or adopted from the Babylonians during the Jewish captivity. In earlier days its methods were necessarily crude, and without the kindly influence of anæsthesia, heart-rendingly cruel.

These remarks apply only to the severer operative interferences indulged in by gynæcological surgeons before the days of Chloroform or Ether. Notwithstanding these efficient pain destroyers are now in the hands of every surgeon, the spirit of evolution has done much to humanely modify gynæcological practice, and the true apostle of the healing art has become conservative in his treatment. Many crude ideas, fastened upon the medical man per *force of authoritative dictum*, have been eliminated by *force of common sense* riding abreast of prevailing theories and dogmatic methods. Many a savage and torturous surgical interference has been compelled to give way to milder and better means by a higher intelligence and the cultivated spirit of the hour. Especially has this been the case in our own school, though, judging from recent gynæcological literature of the orthodox party, or at least a progressive arm of that body, we are being closely pushed for the supremacy in this department as based on therapeutic measures. Certainly, armed with a scientific therapy, founded upon similia, we ought, *we can* have more gratifying results than the gentlemen of the antique school. The gynæcological lessons taught in some so-called homœopathic institutions are such as might have been considered choice treatment by the pupils of Hippocrates. A specular insertion, a spectacular display, and a speculative treatment, form an alliterative trio brought into requisition with but few exceptions in every gynæcological clinic. A fiery caustic, occasionally of Nitrate of Silver, then, again, of Potassa Fusa, Chromic Acid, or an admixture of Potassa Iodide and Chloral, frequently applied, without much reference to the patient's condition if the uterus appeared to be in some abnormal state, and at intervals the use of the knife was the *scientific homœopathic* (?) treatment that often held me spellbound in my college days, while my heart beat high with the hope that I, too, some day would become competent to administer *such* treatment. Internal treatment was of the most commonplace, routine order. Conium and Sepia alternately covered half the cases presented. In a few instances, perhaps, these drugs were prescribed singly; in still fewer Pulsatilla was recommended. Perhaps three or four more will cover all sug-



gested in the gynæcological study, and all these prescribed, too, empirically, without any indication, only that this range of drugs had benefited similar conditions. At odd times the professor would patronizingly inquire, "What will we give here?" The reply, and most frequently from some first course student—a first course student, remember, is always a shrewd prescriber—would be (we'll say) "Nux." "All right," responds our professor, "give her Nux."

Thanks to my own determination, but no less thanks to the *genuine* homœopaths of our school who shed their brilliant intellect over the whole homœopathic field, bringing the kernel of truth out of every hard-shelled doubt, I have learned a better way. I haven't cauterized a cervix (for ulcerations that were never there) for several years. I haven't set up an acute perimetritis or a chronic metritis for the same length of time. I haven't used the knife to deplete a congested uterus for just as long a time. If I have rather underdone my duty than overdone it my conscience approves. I have not outraged kind nature. I have maltreated no one.

There is more quackery, more charlatanism, more deception and fraud practiced in this specialty than in any other department of medical science. Rest, simple abdominal supports, hygienic care, and the merest tampon of cotton or linen to support a heavy uterus when indicated, with proper homœopathic medication, has done more for me than severer measures. Cauterization is vicious, and viciousness is usually the legitimate offspring of ignorance. Insufflation with various pulverized preparations is less severe than other measures above referred to, but too often only expectant. Pessaries, no doubt, at times become utilitarian, but the pessary that one specialist lauds to the skies his brother practitioner decries; the methods indorsed by one are discountenanced by another. If you must have topical applications in your armamentarium, have such as are positively harmless.

Hamamelis, Calendula, and Hydrastis are known to the whole homœopathic profession. They are soothing to an inflamed mucous membrane, and this being their function, they may possibly be helpful; they can certainly not be harmful. I am aware of the fact that some cases require surgical interference, but the major portion of these find their way to the hospital. In private practice I will venture to say that four-fifths of all cases will be cured, and the other fifth ameliorated, by the properly indicated homœopathic remedy given in not too low a potency and not too often.

## THE DIRECTION OF SYMPTOMS.

Professor Kent says: "In every case of disease you should carefully notice the *direction* of symptoms. In acute diseases which run their course without treatment, the same succession of symptoms may always be observed, viz.: the symptoms which first appear are the last to disappear. If the symptoms be carefully watched throughout the course of the disease, they will be seen to disappear in the reverse order of their coming. But if the disease is interfered with by treatment, the natural course of the disease will not be followed. But if the proper remedy is administered, and in the proper manner, it will check the progress of the disease in any stage, causing a disappearance of all the symptoms. In chronic diseases especially is this knowledge of the direction of symptoms most valuable. In all diseases—more easily observed in the chronic—when being cured homœopathically, symptoms disappear from within outward, from above downward, and in the reverse order of their coming. Thus, in rheumatism of the shoulders, after administering the appropriate remedy, the disease may go to the hips, afterward to the knees. Then you may be sure, although your patient suffers more pain than before, that he is getting well. On the other hand, if the disease is incurable or is getting worse, the direction of the symptoms will be reversed. They will travel from below upward and from without inward. For instance, if a patient has rheumatism of the shoulders, as in the previous case, and you administer the indicated remedy, if the disease is incurable it will be very likely to attack the heart or go to some other vital part."—*Medical Era*.

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## CLINICAL CASES.

I. Mrs. W., aged sixty-five.—Has eczema on head and on neck behind the ears, where it began. Bald spots on top of head were covered with the eruption, extending into the hair, *matting it together* by clear, *watery*, and *sticky* discharge; of two years' standing. Considerable *itching* and *stinging*. *Graphites*<sup>cm</sup> (Swan), two doses, cured in three weeks and no return.

II. Mrs. G., aged thirty-seven.—Complained of *pain* and *sensitiveness in the coccyx*, especially when *sitting*. Was entirely relieved by *Petroleum*<sup>cm</sup> (Swan), one dose, in twenty-four hours.

III. Miss S., aged eleven.—Constipation, very obstinate for

two years; stools *hard* and *dry*; desire for stool *delayed*, and causes considerable effort, and accompanied with *involuntary passing of urine*. *Alumina*<sup>cm</sup>, four doses, cured.

IV. Mr. S., aged fifty-one.—Constipation from inactivity of rectum. Stools in *hard, round, black balls*. *Opium*<sup>1m</sup>, one dose per week for three weeks, has nearly completed the cure. This case has baffled treatment of every variety for ten years. I am confident of curing it entirely.

V. Miss K., aged twenty-two.—Amenorrhœa, menses were substituted by leucorrhœa, which was *profuse* and *excoriating*, accompanied by *burning pain in right ovary*. Complexion pale and waxy, livid and yellow. *Ars.*<sup>cm</sup> (Swan), three doses, cured.

VI. Illustrating the quick action of high potencies in acute diseases. Mr. Wall, aged forty-five, called on me to relieve him of a colic located in *umbilical region*, which was only *relieved by pressure* and *bending double*. *Colocynthis*—a few pellets of 1M in water, a teaspoonful every time pain returned. He was entirely relieved after second dose. Time, thirty minutes. In these cases we have not much time to study our cases, but must “take in” the situation at a glance. So much for the value of knowing the characteristics. Could the hypodermic syringe do any better? I do not carry one or even have one in my office. Hence, I am free from the temptation of using it.

F. E. STOAKS, M. D.

## SOME CLINICAL NOTES ON AQUA SANICULA.

(I. H. A., June, 1888.)

G. W. SHERBINO, M. D., ABILENE, TEXAS.

After a year's experience, the following clinical symptoms have been collected; the potencies used were 10M, 50M [Skinner] and MM, CMM, DMM [Swan].

MIND.—Irritability. Weakness of memory; inability to think; cannot find the word to express an idea. Low-spirited, despondent; aversion to company, desires to be alone. Disinclination to talk. Child throws head backward, when being nursed, especially if displeased. The irritability is a very prominent symptom.

INNER HEAD.—Pain commences in forepart of left side of head passing back to the left mastoid process; it is aggravated by motion, in warm room, from a misstep or jar, by noise; is



relieved at once by putting the hands in cold water. A peculiarity of the head symptoms is that the pain was felt mostly on the right side of the head ; if he put his fingers on the left side of the head the pain would dart to that part. Thus he could draw the pain to any part of the head he placed his fingers upon ; he could draw it to the lower jaw by so touching it. Head relieved in a cool room, in cool air ; the wind makes her chilly but it relieves the head. [50M, Skinner.]

Occipital headache, pains all night ; spreads from the occiput like a flash, extending to the front, face, and head ; had to hold the occiput in her hands, sitting on a low bed, worse when lying. Pain extending from her head to the stomach. [From stomach to head, Lith-carb.] When the pain went to the stomach she became deathly sick, retching or vomiting. Headache so severe she nearly lost her reason, groaning with the pain aggravated by efforts at vomiting. Pain over orbital region and the eyes.

OUTER HEAD.—Sweats on the back of the head when sleeping ; child sweats on back of neck as soon as it begins to nurse, cold and clammy.

EYES.—Blepharitis, worse from taking cold or from studying too much. Itching of the eyelids, with scurf forming, white and scaly, at the roots of the hairs. Ameliorated by cold water or cool fresh air. There was redness of the ocular and palpebral conjunctiva when the exacerbations came on [chronic cases]. Ulceration of the cornea with ophthalmia ; swelling of the lids, better from cold ; aggravation from sunlight or lamp-light and better from shading the eyes. Pimples and pustules around the eyes, in ophthalmia.

EARS.—Sores behind the ears, with a clear sticky discharge ; sticks the ears to the side of the head. Redness in front of and around the ear ; scabs with pus under them ; swelling of the parts, aggravated by any covering, which caused increased heat ; child scratches when it gets warm in bed ; ameliorated by uncovering or by exposure to cool air. Sensation as of cold air blowing on the ears. Had to keep cotton in the ears to keep the air out ; has to keep the head wrapped up. Pain shoots up from the neck into the left ear, making her jump and cry out.

FACE.—Neuralgia of the face, anæmic, pale ; aching in face extending to the tip of the nose. Large acne spots all over the face and forehead, filled with matter ; disfiguring the boy's face ; one crop succeeding the other.

TEETH.—Pain in the right upper incisor, which had been plugged with gold one year ago. Tooth feels extremely sore and as if too long ; dull aching and at times pulsating ; feels

congested and as if pricking the gums would relieve. Boring pain extending to the bones of the nose around the right eye, into the temple and forehead. Gumboil on the alveolar process. Aggravated by contact, from touching by the tongue, from compressing the upper lip, from chewing, from motion. Feels as if ulcerated at the root; ameliorated from lying down, from sleeping. The pain commences again in the morning as soon as he awakes and opens the eyes, on motion. Pain starts in the tooth in front of the wisdom tooth, extending up the side of the face to the malar bone into the temple, there it throbbed and beat severely; aggravated at night from lying down; pain comes in paroxysms, coming and going suddenly. Shooting pain along the jaw on the left side, even in the jaw that had false teeth.

**TONGUE.**—Sudden filling of the sub-lingual glands until about a half teaspoonful of salty saliva would be discharged; so salty could not swallow it.

**THROAT.**—Constant desire to clear the throat; constant hawking, worse in the morning after rising, better in the fresh air. Dropping of mucus into the throat [in naso-pharyngeal catarrh].

**STOMACH.**—Increased appetite, gets very hungry before meals, relieved by eating; bloating of the stomach after eating. Nausea, retching, and vomiting of glairy mucus [with headache].

**ABDOMEN.**—Lumbo-abdominal neuralgia; has been suffering for a week with pain in the right side of the lumbar region going around over the right side of the abdomen, so severe that he could not rest day nor night; worse from motion; pain in paroxysms. He extended all his fingers and then suddenly grasped with them, saying that is the way the pain takes me. Laid on his back, left foot and leg elevated, the leg flexed; the right leg resting on the left. Touching the abdomen brought on the pain.

**STOOLS.**—Diarrhoea night and day; thin, watery, and offensive. Before stool, pain in the hypogastric region with urging; after stool pain in hypogastric is relieved. Stool resembling scrambled eggs; offensive-smelling like rotten cheese [also Bry., Hepar]; the odor of it is very penetrating; it goes from room to room; though the child is kept clean the odor of its stools clings to it. Child constipated from birth; stool almond shaped; bowels moved every second or third day; terrible straining, so severe that tears came out of the child's eyes, and face so red it looked as if it would burst.

**FEMALE SEXUAL ORGANS.**—Sweat about a week before the menses come on, lasts during the menses. Leucorrhœa before and during the menses; leucorrhœa is milky, is worse from a jar or stepping heavily on the floor in the morning after getting out of bed; is worse on commencing to move after having been quiet. Menses a week too soon or a week too late. Before menses is despondent and low-spirited, relieved after the flow begins. Burning in the vagina and uterus ameliorated by cold water injections. Leucorrhœa yellow, aggravated walking or standing, during stool. Prolapsus uteri worse when standing with leucorrhœa; burning in the vagina, relieved by cold water injections. Menses pale, watery; sweats so profusely during the menses the bed feels wet; sweats on the upper parts.

**LARYNX.**—Sensation as if a cold, wet string were tied around the front of the larynx, causing a choking sensation [with headache].

**CHEST.**—Sensation of a weight on the chest, causing difficulty of breathing [menstruation].

**NECK.**—Sensation as of a cold, wet string tied around the front of the neck, causing a choking feeling; cold, clammy feeling on the back of the neck; pillow wet at night [from sweat?]; stitching pain on the right side of the neck, worse when turning the head; sensation of enlargement of the back of the neck [also *Rhus-t.* and *Sepia*].

**UPPER LIMBS.**—Pain from the right shoulder to the back of the head; pain from the point of the left shoulder along the clavicle to the sternum; aching in different parts of the body, now in the shoulder, then changing to some other part; pain worse in the joints. A peculiarity of these pains is that wherever they may be the part is covered by a cold sweat. Pain commences between the shoulders and passes up the back of neck into the head; pain commencing in each hand and fingers, passing up both arms to meet at centre of chest or sternum; sometimes the pain begins in the shoulders and goes downward to the hands and fingers; it is a dull aching with a cold sensation, as is experienced before freezing or a sensation as felt from holding a piece of ice on a part; is aggravated in the morning from motion; is ameliorated by lying down about fifteen minutes. Tingling in the hands and fingers, aggravated on putting the hands in warm water; when washing the hands in warm water she has to take them out and let them cool, they tingle so. The feet have this same tingling. Any excitement brings on this tingling; it is aggravated when the cold sensation comes on;



the hand pains as if she had been holding ice in it. When the spells come on she gets stupid and sleepy; after the pains gets very hungry; at the height of the pain she gets relief from eating; the pain is worse when the stomach is empty. After the pain subsides there is sweat on the face, forehead, and back of the neck, cold and clammy as if she had had a chill; aching at the middle of right arm between the shoulder and elbow, as if in the bone; relieved by compressing the arm with the left hand.

**LOWER LIMBS.**—Coldness of the feet and legs, which felt like ice [in parturition]; so cold I could not bear to have my uncovered arm come in contact with her cold limbs; cold, clammy feet, the soles feel sticky, as though she had stepped into molasses; the stockings stick to the soles of the feet.

**NERVES.**—Restlessness and nervousness; child cannot be still a moment, has to be in constant motion even during sleep; weak and weary, good for nothing, wants to rest all the time.

**SLEEP.**—Child restless, tosses about all the night; drinks every few minutes, a little at a time.

**FEVER, SWEAT, ETC.**—Skin moist; sweat about the head; cold and clammy on back of the neck; cold, clammy hands and feet, does not want to be covered. Chill followed by heat and sweat on part laid on, or where the limbs cross sweat between them; sweat on part not laid on; sweat on falling asleep; child sweats on beginning to nurse on the forehead, on the face, and on the back of the neck, wetting the mother's arm.

**TEMPERATURE AND WEATHER.**—Patient is worse in damp weather; cool, fresh air relieves the headache either when riding or walking; worse in summer when the days begin to get very hot.

**SENSATIONS.**—As of cool air blowing into the ears; as if the teeth were too long and extremely sore at their roots; as if pricking the congested gums would relieve the toothache; as if clutched by the fingers, in the right side of the abdomen; as if a cold, wet string were tied around the neck, causing a choking sensation [with headache]; as if the teeth had been pulled and then left in their sockets; as of a weight on the chest, causing difficult breathing [menstruation]; cold sensation on the back of the neck [Silicea]; as if the neck were enlarged; as if the hands and arms had been exposed to a temperature of thirty degrees below zero; of tingling of fingers and hands, also of feet, as if she had been handling ice; as if the feet had been in molasses.

TISSUES.—Skin and muscles lax ; paleness of skin of body ; veins appear blue through the transparent skin ; red blood corpuscles seem to be deficient ; wasting of body, most marked in neck and thighs [marasmus], following diarrhœa ; hives all over the body ; intolerable itching at night ; child suffering with prickly heat ; fine red rash all over the body, itching terribly ; sweats at night on the back of the neck, cold and clammy.

RELATIONSHIP, *Antidotes*.—Calcarea, Lycopodium, Podophyllum, and Phosphoric acid.

*Compare with* : Acon., Ars., Alum., Bell., Borax, Calc., Camph., Graph., Lye., Natr-m., Podoph., Phos-ac., Psor., Puls., Secale, Sil., Sulph. With Ars. and Cina [thirst and restlessness] ; Aloe, Lye., Phos-ac. [in diarrhœa] ; Acon. [tingling of hands and fingers] ; Alum. [prolapsus and leucorrhœa] ; Bell., Calc., Sil. [sweat about the head in fever] ; Bry. [motion] ; Actea, Puls. [headache better in the cool air] ; Graph., Mezer., Sulph. [skin, sore behind the ears] ; Lye. [bloating after meals] ; Natr-m., [chill, fever, and sweat] ; Aur., Caust., Iod., Graph., Kali, Oleand., Rhus [aggravation from hunger].

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### FRAGMENTS.\*

MR. PRESIDENT, LADIES, AND GENTLEMEN :—The subject under consideration at present is the diseases of women and children. They are too many to enumerate here. Some are avoidable by proper living and care ; others are dependent on the same chronic miasm that curses so many of the human race. I treat my cases of this class, just as I do all other diseases, by the remedy that covers the totality of the symptoms. I occasionally meet with cases that are devoid of symptoms. One of the professors in lecturing on diseases of women said, When you have a case of this kind give them Sepia and wait. I do not know how this would work, as I have never tried it. Will give two what I call symptomless cases, and their treatment. Case first, young lady, twenty-three years of age, has good health in every way, except profuse menses, which commenced at the age of sixteen to be very bad. Would last eight to ten days and leave her very weak ; would not recover strength from one period to the next ; did not suffer any pain ; could not give a symptom or

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\* Read by Flora A. Waddell, M. D., of Wauseon, Ohio, at the meeting of the International Hahnemannian Association, Niagara Falls, N. Y., June, 1888.

condition, except what I have mentioned. I did not know what to do with it. There was nothing characteristic or peculiar about it; was not used to prescribing for a *name*. After thinking the matter over awhile, came to the conclusion to try Sabina. Its power over menorrhagia is well known to all. Gave a dose of the 200x every night for a week before menstruation. Placebo. Passed the period with five days' flow not so profuse; next month repeated the same. Reported four days' flow and not bad. Had gained in flesh and strength. Next month gave Sac. Lac.; reported all right, result all that could be asked for. Considers herself well at the present time. Case second, married lady. Had menorrhagia from first menstruation, never been pregnant. Came to be treated for sterility. No marked symptoms. Gave Sabina<sup>200x</sup> same as the other case. In three months menstruation seemed to be normal. One year later was delivered of a fine boy. This lady was a Jewess, and according to their religion sterility is considered a curse. The curse was lifted and all were happy. Case third *had* a symptom so peculiar that I have recorded it. I had never seen it before. I only mention it on account of its peculiarity. Lady, fifty-three years of age. Cancer of left breast. Case was in the last stage when I was called; only lived a few weeks after I took charge of her. Whenever she would try to drink, would have to take very small sips at a time for want of breath. Would seem to want a quantity of liquid at a time, but would get so tired would have to desist. Under Nitrum, in Hering, found the condition described very accurately. Gave a few doses of the 30x, the only potency I had of it, which relieved her entirely at the time and only one slight return of it afterward. This may be of use to some one as a verified symptom of Nitrum, a remedy which we seldom have use for. Case fourth, ovary of left side affected. Pain always in the heart when the ovary ached. Pains sharp and cutting, come on about a week before menses, growing worse until flow began, then easier until next month, when they would return again. This had been of over two years' duration. Naja is the only remedy having this symptom that I know of. Gave it in the twelfth, dose four times a day. Entire relief followed. I have verified this symptom of Naja several times. As to diseases of children, I have very little to say that would be of benefit to any one here.

One case or two might be mentioned. Child had been ailing over four months when brought to me. Parents lived some thirty miles away. Family history good, so far as I could learn. Child had never been sick until this attack. Could not



get a very satisfactory account of its first sickness; was now thirteen months old, and had been treated allopathically by three different doctors. Their verdict was death. It could not hold its head up; eyes turned back in its head; could see but very little by holding an article above its eyes. Would cry out every few minutes and put its hand to one side of its head, almost the only motion it could make. Head very large, exuding a sour sweat; bowels constipated, appetite abnormal; could not eat enough to satisfy it. Teeth very slow coming, and one side of the body more dormant than the other. Constantly boring its head backward into the pillow.

Gave a dose of *Nux vomica*<sup>200x</sup> and watched the child awhile each day for three days; came to the conclusion that *Apis* covered more of the symptoms than any other remedy. Gave a dose of 1m dry on the tongue, followed by unmedicated pills four times a day.

In three days improvement seemed fairly begun. Parents reported once in two weeks. The improvement was steady and sure. Only one dose more of *Apis* was given and that was CMM. In a little over three months there was scarcely a trace of the disease left. Have not heard since.

Case second. Child two years old. Would cry all night, about daylight would go to sleep and sleep all the forenoon. Had kept this up for over two weeks. Parents could not find any cause for it. The rest of the day she would eat and play all right. Examined her thoroughly; could find nothing wrong; asked if she was in pain anywhere; she said no. Gave a dose of *Syphilinum*, as it has this symptom of time of aggravation so marked. It gave no relief. In looking up another case I came to the symptom under *Calcarea carb.* Gave a dose of 200x every night for three nights. After the first dose had no more trouble; slept all night. That was six months ago. Last week they asked for medicine again. The same conditions returning. Gave one dose of MM, which relieved again. Have not found any cause for the trouble yet. If any one here has had a similar experience should like to hear from them.

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INDENTED TONGUE.—In answer to inquiries sometimes addressed to us to name remedies having this symptom, we give the following: *Ars-met.*, *Glon.*, *Hydrast.*, *Ign.*, *Iod.*, *Kali-jod.*, *Merc.*, *Podophyl.*, *Rhus-t.*, *Stram.*, *Tellur-ac.* Most of these remedies were given to us by the venerable Dr. Lippe.

## CORRESPONDENCE.

EDITORS HOMŒOPATHIC PHYSICIAN:—In answer to the queries of Dr. Hooker in July number of your journal, I reply as follows :

(1) "Is the disappearance of the immediate symptoms a sign of cure?" I did not claim it was, and do not wish to do so.

(2) "If so, why do the symptoms recur, in many instances, at the same time every year without a fresh exposure?" The answer to the first question will amply answer this one. But I may add, my statement was to the effect that nature was abundantly able in *some cases* to throw off the impression made by the poison in question, as I know from having been able to keep cases under observation for now nearly a score of years.

(3) "If Dr. F. was cured, why is he still so extremely susceptible to the poison?" I will answer this by asking Dr. H. a question: Why was I extremely susceptible from infancy, why were all my maternal ancestors also extremely susceptible, why are some of my brothers and sisters equally susceptible and others not at all, and why are some individuals so painfully susceptible to drug action in infinitesimal doses? The provings of Lac. can. give an excellent example of this susceptibility to something that "is only good to fatten puppies on."

(4) "Does the Doctor deny that the poison may be carried to the face and genitals by the unwashed hands as well as by systemic infection?" I did not so state. Dr. H. claimed actual contact was *the* cause of the increased involvement. I merely claimed that not to be so of a necessity, and probably very seldom the cause. If Dr. Hooker had read my statement carefully these queries would not have been called forth.

ROBERT FARLEY, M. D.

PHŒNIXVILLE, PA.

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GENTLEMEN:—Your reply to my query on page 385, July, 1888, is not as lucid a one as I had expected. If you had cured an aggravated case of "*Rhus* poisoning" with some potency of *Rhus*, would you—I beg your pardon—would I be justified in administering potentized *Morphia*, say the CM or DM, if said drug was "found to be well indicated by the symptoms," notwithstanding the fact that such symptoms were produced by poisoning from an overdose of the same poison (*Morphia*)?

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## BOOK NOTICES.

PROCEEDINGS OF THE STATE SANITARY CONVENTION OF PENNSYLVANIA. Held at Philadelphia, May 12th-14th, 1886.

We are indebted to the Secretary of the State Board of Health for this interesting volume; it contains some very carefully prepared papers upon sanitary matters.

DOMESTIC COOK BOOK: A Companion to Pulte's Domestic Physician. By Mrs. J. H. Pulte. George W. Smith. Cincinnati, 1888.

HOMŒOPATHIC LEAGUE TRACTS, No. 19. "The Gains of Medical Liberty in Fifty Years."

The purport of this tract is explained by its title. It tells of the gains for the past half century. They have been very great. The *Second Annual Report of the Homœopathic League* shows how great an interest is taken in the work. Yet it *should* be far greater, for these tracts are of undoubted value to Homœopathy.

PROCEEDINGS OF THE EIGHTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The meeting of the International Hahnemannian Association at Long Branch, June, 1887, was an unusually successful one. The papers read there were of great practical value. Hence this neat volume, which the Publication Committee now sends us, is one of interest and value. The delay in its appearance was unfortunate, but seems to have been due to a combination of circumstances which could not be avoided.

As is usual with the work of this Association, the greater part of its papers are devoted to the practical subjects embraced under the Bureaux of *Materia Medica* and *Clinical Medicine*. In this respect the papers of this Association will be found to be in a striking contrast with those of the Institute, or with those of any of the old school medical associations. In both of these classes of medical societies the larger part of the papers will be found devoted to pathology to surgery, and the like, for both of these classes of medical men have little faith in or knowledge of true *materia medica* or therapeutics. With the members of the I. H. A., their *Homœopathic Materia Medica* is their sole reliance for the treatment of all diseases, and hence the time and study given to it.

Many of these best papers, with the discussions upon them, were given in this journal last year, therefore we need do no more now than merely mention a few of the most important contents of this volume.

Beginning with the Bureau of *Materia Medica*, we find a paper by the late Dr. Ad. Lippe, entitled, "Progressive *Materia Medica*: How it is Developed."



The next paper is one by the veteran P. P. Wells, upon "Errors In Drug Proving," a most important subject; some of our would-be provers would do well to read this paper. A paper by Dr. Harlyn Hitchcock, on "Homœopathy and its Relation to the Germ Theory," deserves careful study. Dr. E. B. Nash gives one of his practical papers upon "Tissue Remedies," which, with the discussion thereupon, we will give in full in our next issue. It will be seen that these "tissue remedies" are to be prescribed as are all drugs, only when indicated by their symptoms. Further papers were presented by Dr. W. P. Defriez on clinical "Confirmation;" by Dr. Biegler on "Verifications"—both useful papers. Dr. H. C. Allen gives two excellent provings, even though partial—one on Salicylic acid, the other on *Melilotus alba*. Dr. Allen is to be especially commended for his work in this line. Dr. McNeil also gives some of his experiences under the title of "Confirmations." A further proving of "*Aqua Sanicula*," with some clinical cases, is given by Dr. Sherbino. In this issue will be found other clinical confirmations of this drug by the same observer. Papers upon *Dulcamara* are presented by Drs. McNeil, Clark, Wells, and Wesselhœft. Besides a paper upon this drug, Dr. Wesselhœft presents some provings of it made upon female provers.

The excellent repertory on gonorrhœa, etc., by Dr. S. A. Kimball, belongs to the work of this bureau, but as it has been published separately it is not given in this volume. Under the report of the Surgical Bureau, we find the famous paper of Dr. Julia Morton Plummer upon "Antisepticism," which, was received with such favor. The "History of a Mammoth Ovarian Tumor Successfully Removed" is presented by Dr. E. Carleton—only a thorough homœopath could do such work as shown in that case. Drs. Sherbino, Lowe, and Stowe have papers under this bureau, all of them good ones, showing what homœopathic medication can do in these surgical cases.

Under the Bureau of Clinical Medicine a great variety is given. Most of these papers have been published in our last year's volume. A lengthy paper on *Variola*, with a repertory, is given by Dr. W. J. Guernsey. Dr. C. W. Butler gives one of his interesting papers, this time upon "Sulphuric acid."

We should like to be able to give a *resume* of some of these papers, for they are well deserving of careful study by all who desire to learn more of the homœopathic materia medica and its therapeutics. This volume is perhaps the best the Association has yet issued. It is very neatly printed, and is altogether highly creditable to the Association. We believe the thanks of the members are due to Dr. H. Hitchcock, who superintended the publication of the volume.

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## NOTES AND NOTICES.

**REMOVALS.**—After June 1st Dr. Prosper Bender's office will be at 134 Boylston Street, Boston. During July and August the Doctor will be at Atlantic House, Nantucket Beach. Dr. James E. Lilienthal has removed his office to 1316 Van Ness Avenue, San Francisco. Professor S. Lilienthal will also have an office there for consultations.

**ATLANTIC CITY.**—Dr. G. W. Crosby has associated with him in his practice Dr. G. A. Rathburn.

**THE MISSOURI HOM. MED. COLLEGE** has chosen Dr. W. L. Reed to succeed Dr. J. T. Kent in the chair of *Materia Medica* and Therapeutics. The choice is considered a good one, and it is believed that Dr. Reed will continue the work in the College so well begun by Dr. Kent.

**ERRATA.**—In the very interesting report of a case of Retinitis Pigmentosa, given in our June issue, by Dr. Fredk. W. Payne, of Boston, *Aurum* was written for *Aurum* (see p. 290, lines 6 and 10). In the lecture upon Podophyllum, p. 282, line 18, read *Prolapsus of rectum when urinating, Mur-ae*. In the text *vomiting* was given for *urinating*. In our May issue, p. 243, line 12, from bottom, Dr. Biegler is reported as giving *ten* remedies in a case where *two* cured.

**ANOTHER MEDICAL SCHOOL.**—A medical department has been added to the Minnesota State University. It is to be divided into three schools—one for surgery and medicine ("regular"), another for Homœopathy, and a third for dentistry.

The faculty of the College of Homœopathy is as follows: Theory and Practice, Dr. Henry Hutchinson, St. Paul; Materia Medica and Therapeutics, Dr. W. E. Leonard, Minneapolis; Obstetrics, Dr. H. C. Leonard, Fergus Falls; Gynecology, Dr. A. E. Higbee, Minneapolis; Principles and Practice of Surgery, Dr. R. D. Matchan, Minneapolis; Pædology, Dr. H. W. Brazie, Minneapolis; Clinical Medicine, Dr. Geo. E. Ricker, Minneapolis; Ophthalmology, Dr. J. F. Beaumont, Minneapolis. Lectures: Clinical Surgery, Dr. W. S. Briggs, St. Paul; on Dermatology, Dr. H. C. Aldrich, Minneapolis; on Physical Diagnosis and Laryngology, Dr. E. L. Mann, St. Paul; on Nervous Diseases, Dr. S. M. Spalding, Minneapolis; on Genito-urinary Diseases, Dr. H. B. Ogden, St. Paul; on Otology, Dr. D. A. Strickler, Duluth.

DR. E. A. BALLARD, of Chicago, recently paid a visit to our sanctum on his return from the I. H. A. meeting at Niagara. In course of conversation he gave us these therapeutic hints. "In the provings of Cyclamen there is no mention of aggravation *from heat*. Yet I have relieved a case of hay fever where this condition was prominent. Every warm day the patient became worse; she was especially worse going into the kitchen near the fire. Cyclamen has promptly controlled this case, both this and last season. One hot day recently the patient spent the day near her kitchen fire, ironing, and yet she suffered no return of sneezing or other symptoms."

**A POST-GRADUATE COURSE OF LECTURES.**—A post-graduate course of lectures will be given under the auspices of the Executive Board of the Women's Homœopathic Association of Pennsylvania, at the Hospital, Twentieth Street and Susquehanna Avenue, Philadelphia.

Professor J. T. Kent will deliver lectures on Homœopathic Materia Medica and the *Organon* on Tuesday, Wednesday, Thursday, and Friday afternoons, from half-past five to half-past six o'clock, commencing October 16th and continuing seven weeks. Course tickets, forty dollars. For special course on *Organon*, twenty dollars, and on Materia Medica, twenty dollars.

Tickets may be procured from Mrs. M. T. Keehmle, Treasurer of the Association, 1315 Arch Street, Philadelphia.

**AMERICAN INSTITUTE** held its annual meeting at Niagara Falls, June 25-29. Dr. Cowperthwaite, the President, delivered a good address, better than the usual, and the attendance was far above the average. The work done was about the usual routine work of the Institute. In the last two or three years the Institute seems to be giving a little more attention to the *Materia Medica* than has been its custom for many years, but even now pathology, surgery, and kindred subjects engross too much of its time and labor. The usual exhibit of surgical instruments, of quack drugs, etc., was on hand. In old-time Institute days, such things were not seen, for the physicians of that day did not need such adjuvants. They would have considered themselves insulted had they been exhibited! Dr. Selden H. Talcott was elected President, and Lake Minnetonka, Minn., selected as the place for the next meeting.

THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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SEPTEMBER, 1888.

No. 9.

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## CHARACTERISTICS AS TAUGHT BY HAHNEMANN.

In considering “Characteristics as taught by Hahnemann,” we have for our guide such parts of the *Organon* as treat of this subject, also a few notes and cases left by Hahnemann. Though Hahnemann’s teaching upon this part of homœopathic practice is clear and unmistakable as far it goes, yet we would be the wiser had we more of his sound and practical advice. The whole purpose of our present consideration of these “characteristics” is to ascertain what part they are to have in aiding us to select the simillimum.

The work of selecting the homœopathic curative is a two-fold one, for we have to study the symptoms of the patient on the one hand, and on the other the drug provings from which we are to choose our remedy. As for the patient, we are to select from the results of a careful examination those symptoms which are peculiar to the *individual* under treatment; this will necessarily exclude those symptoms which are diagnostic of the disease. These diagnostic symptoms are almost always useless as an aid to prescribing, for they are to be found in every similar case of disease. As to the drug, Hahnemann tells us, in par. 118: “Each medicine produces particular effects in the body of man, and no other medicinal substance can create any that are precisely similar.” In order to prescribe these drugs accurately, then, it is our duty to learn just what are the



"particular effects" of each remedy, that we may readily distinguish each drug from all the others.

This paragraph, on a casual glance, seems to give a false impression, for one can hardly recall a single symptom of any drug which is not to be found in the record of another drug! But on a closer examination of Hahnemann's words we find they *are correct*; he states that no two drugs produce "precisely similar" effects in the human body. A marked emphasis must be laid upon the words "*precisely similar*," for when Hahnemann's idea, as conveyed in these words, is understood, then his meaning becomes clear and his statement is found to be true. As an illustration, let us take the great polychrest, Sulphur; in the record of it as given by Dr. Lippe in his *Key to the Materia Medica*, we find for each and every symptom, a list of other remedies having similar symptoms. But none of these drugs have "precisely similar" symptoms; or to take single symptoms, as examples, we find the empty sensation in the abdomen so marked with Phosphorus under other drugs; so, too, the bearing down of Sepia is to be found with many other remedies, but these never occur as "precisely similar" effects.

As a further aid in learning just what these "particular effects" are, Hahnemann tells us, in par. 153: "\*\*\*\*\* In this search for the homœopathic specific remedy (that is, in this comparison of the total signs of the natural sickness with the list of symptoms of available drugs, in order to find among these *one* bearing a pathogenetic power corresponding to and resembling the disease to be cured), the *striking, remarkable, uncommon, and peculiar* (characteristic) signs and symptoms of the case of sickness are to be especially and almost exclusively brought before the eye, for *these especially must be very like the drug that is being searched for in the symptom-lists* if this is to be the most suitable for the cure. The general and indefinite, such as loss of appetite, headache, weakness, restless sleep, discomforts, etc., if they are not more closely defined, *deserve little attention*, for one finds something about as indefinite in almost every sickness, and caused by almost every drug."

We are told the general and indefinite symptoms are useless because they are caused by almost every drug; these, then, are not among those symptoms which no two drugs produce in a "precisely similar" manner. The characteristic, that is, the "striking, remarkable, uncommon, and peculiar" symptoms are then the ones which no two drugs produce in a "*precisely similar*" manner, and these are the symptoms which are to be used in deciding on the simillimum. *The characteristic symp-*

*toms of any drug may be termed the particular effects of that drug which no other drug produces in a precisely similar manner.*

Hahnemann gives us yet another guide in the study of these characteristics, for he tells us that the mental symptoms are a surer guide to the proper selection than the pathological; he illustrates this by saying: "Aconite seldom or never effects a rapid and permanent cure when the temper of the patient is quiet and even; nor Nux vomica, when the disposition is mild and phlegmatic; nor Pulsatilla, when it is lively, serene, or obstinate; nor Ignatia, when the mind is unchangeable and little susceptible of either grief or fear." (Foot-note to page 187.) Why are the mental symptoms the most important ones? Because they are the most peculiar, the most striking and uncommon; because they have no pathological or diagnostic value. Mental symptoms seldom are of service in diagnosis; they are more indicative of the *individuality* of the patient than the physical symptoms.

We are also told in the *Organon* that the totality of the symptoms is to be our sole guide in the choice of the homœopathic simillimum; this, it would appear, is to be understood as meaning the *totality of the peculiar and uncommon symptoms*, for we have just been told that the others are useless, being found in almost every patient. Thus, in every prescription, the *totality of the peculiar symptoms* of the patient must be covered by the *characteristics of a drug*; these symptoms should be of equal importance in both cases. A characteristic symptom of a drug may be found in the history of a patient, but it may not be at all peculiar or characteristic of his sickness; some seemingly unimportant symptom may be much more so. Thus we should not prescribe Chamomilla for every baby that is quieted by being carried about in the arms; another symptom which Chamomilla has not may be much more peculiar and uncommon. A symptom may be very peculiar, as a concomitant to one disease and with another not at all so. Thus, for instance, a watery diarrhœa, with colic, would not be peculiar or uncommon, but as a concomitant of a bronchial catarrh it becomes a useful symptom, indicating, probably, Antimonium-tart. So, too, with such a symptom as "profuse micturition;" very many drugs have caused or have cured profuse micturition, hence this symptom alone, unqualified, is of little or no value in deciding one in the choice of his remedy. But if more closely qualified or defined this symptom may become very peculiar or uncommon; thus profuse micturition relieving a headache might indicate Gelsemium or Fluoric-acid; if the profuse micturition were accom-

panied by swelling of the feet and ankles, it would probably call for *Eupatorium-per.* The same symptom, occurring with diarrhœa, is found under *Fluoric-acid* and *Agaricus*; during profuse sweat, under *Aconite*, *Antimonium-tart.*, *Dulcamara*, *Phosphorus*, and *Thuja*. So any common symptom may be qualified or defined so as make it a peculiar or characteristic one.

As one is able to discriminate between symptoms, judging when they are peculiar and uncommon and when they are common and useless—just so successful will he be in his prescribing. Returning to *Chamomilla*, for an example, we know that it is very common and general for babies to be quieted by being carried or rocked, therefore, a fretful baby so quieted presents nothing peculiar or remarkable. But a case of infantile convulsions so relieved is peculiar, and the condition becomes a valuable indication. Take other examples showing the necessity for this discrimination; *Phosphorus* has this well-known symptom: "As soon as water becomes warm in the stomach, it is thrown up." This is a characteristic symptom under *Phosphorus*, but as vomiting after drinking is found under some two dozen remedies, how are we to know when the vomiting is due to the "water becoming warm in the stomach," or when it occurs simply as a consequence of drinking? So again, nausea on smelling food, which is so characteristic under *Colchicum*, is to be found under at least two other drugs. Of course in practice we have no difficulty in deciding these questions after a reference to the accompanying symptoms, they are mentioned here simply to show the necessity for careful study of each case lest we mistake a common and general symptom for a characteristic one.

Characteristics, or key-notes, as they have been termed by the late Dr. Guernsey, have been misunderstood and misapplied; they should not be used as sole indicators for a remedy, but as guide posts, showing one the remedy to be studied.\* Hahnemann calls the "striking, remarkable, uncommon, and peculiar" symptoms the characteristic ones. And in the few samples we have left of his prescribing, we find he makes a very careful analysis of all these symptoms; no one or two are picked out and a drug given for these only. We find no record of his having given a remedy because a symptom goes from right to left; or because a patient is restless, and goes from bed to chair, etc.;

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\* See, also, Dr. Berridge's article on "Key notes and the Totality of the Symptoms," *HOMŒOPATHIC PHYSICIAN*, vol. VII, page 44.



or because red sand is found in the urine! Some very fine cures may have been made by such methods of prescribing, but they can be considered little less than chance hits. Secure a few symptoms from a patient which are really peculiar and uncommon with such disease, cover these by reliable symptoms which are characteristic of a drug, then one has a secure basis for his prescription.

We quote the notes of a case treated by Hahnemann, to show our readers the careful and painstaking manner in which he studied out his cases; it will be observed that each symptom is fully analyzed and related drugs well considered. CASE: "A washerwoman, over forty years old, had been sick more than three weeks, unable to pursue her avocation, when she consulted me.

"1. On any movement, especially at every step and worse on making a misstep, she has a shoot in the scrobiculis cordis, that comes, as she avers, every time from the left side.

"2. When she lies she feels quite well; then she has no pain anywhere, neither in side or scrobiculis.

"3. She cannot sleep after three o'clock in the morning.

"4. She relishes her food, but when she has eaten a little she feels sick.

"5. Then water collects in her mouth and runs out of it, like waterbrash.

"6. She has frequent empty eructations after every meal.

"7. Her temper is passionate, disposed to anger. Whenever the pain is severe she is covered with sweat. The catamenia were quite regular a fortnight since. In other respects, her health is good.

"Now as regards symptom 1, Belladonna, China, and Rhus tox., cause shootings in the scrobiculis, but none of them only on motion, as is the case here. Pulsatilla certainly causes shootings in the scrobiculis on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here (symptom 4 compared with 5 and 6) nor the same state of disposition. Bryonia alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains *from movement* and especially shooting pains, as also stitches, beneath the sternum (in the scrobiculis) on raising the arm, and on making a false step it occasions shooting in other parts.

"The negative symptom, 2, met with here answers especially to Bryonia. Few medicines (with the exception, perhaps, of Nux vomica and Rhus tox., in their alternating action, neither

of which, however, are suitable for the other symptoms) show a complete relief to pains during rest and when lying; Bryonia does, however, in an especial manner. Symptom 3 is met with in several medicines, and also in Bryonia. Symptom 4 is certainly, as far as regards 'sickness after eating,' met with in several medicines (as Ignatia, Nux vomica, Mercurius, Ferrum, Belladonna, Pulsatilla, Cantharis, etc.), but in none so constantly and usually, nor with the relish for food, as in Bryonia.

"As regards symptom 5, several medicines certainly cause a flow of saliva, like waterbrash, just as well as Bryonia. The others, however, do not produce the remaining symptoms in a very similar manner; hence Bryonia is to be preferred to them in this point. Empty eructation (of wind only) after eating, symptom 6, is found in few medicines, and in none so constantly, so usually, and to such a degree, as in Bryonia.

"To number 7, one of the chief symptoms in diseases (see *Organon of Medicine*, par. 213), is the state of the disposition, and as Bryonia causes this (7) symptom also in an exactly similar manner, therefore Bryonia is for all these reasons to be preferred in this case to all other medicines."

This is a very mild and simple case, yet Hahnemann gave it his careful attention, thoroughly analyzing each important symptom, until finally all drugs, in any wise related to the case, are excluded and Bryonia left as the "most similar" remedy. A dose of this drug was given in a low potency, and the patient was able to work the next day.

Another instance of Hahnemann's analysis of drugs may be found in a letter he once wrote his friend, Stapf. The case was evidently one of those undeveloped cases, in which the symptoms do not clearly indicate any remedy, for it will be observed that Hahnemann suggests four remedies, one to follow the other as needed. Stapf had consulted Hahnemann about a patient, and mentioned Nux vom., Cham., China, and Puls., as best indicated. Hahnemann analyzed the case in this manner:

"Notwithstanding that Nux vom. produced perspiration standing on the forehead, perspiration when moving in general, perspiration during sleep; Chamomilla, perspiration especially about the head during sleep; Pulsatilla, perspiration during sleep, disappearing on awaking; China, perspiration when moving (crying), perspiration on the head especially (but also in the hair);—there is more indication for Pulsatilla by the itching of the eyes, which Puls. has, especially with redness in the *external* corner of the eye after rubbing, and with agglutination of eyelids in morning; if not, Ignatia would be preferable,

which also cures itching and redness, but in the *internal* corners, with agglutination in the morning, in case the child's disposition is very changeable—now too lively, next peevishly crying, which Ignatia produces. If there should be, at the same time, a great sensitiveness to the daylight, when opening the eyes in the morning, which is also cured by Ignatia; or, in case of a mild disposition and a weeping mood in the evening, and a general aggravation of symptoms in the evening, Pulsatilla. The frequent awakening during the night indicates Ignatia more than Pulsatilla; the latter has more—a late falling asleep. The itching of the nose has been observed mostly from Nux vomica. Ignatia and Cham. have both, the latter more, pain *during* micturition; Pulsatilla the most pain before urinating. The loud breathing has been observed of China and Nux vom. —from the latter especially during sleep. As these remedies correspond much with each other (China excepted), and one corrects the faults and bad effects of the other (if only Ign. does not follow Nux v., or Nux v. is not given immediately after Ign., as they do not follow one another well on account of their great similarity), you can now judge as to the succession in which you may choose to employ Ign., Puls., Nux v., or Cham.—if the first, or one of the others, should not prove sufficient. To give Cham. there ought to be more thirst at night than at present and more irritability. China has little or nothing for itself, and is, therefore, not to be chosen."

Now, we have given three distinct statements, in which Hahnemann sums up his advice in regard to the art of homœopathic prescribing. These statements cover the whole ground, both as to the patient and the medicines. They are, briefly stated, thus:

1. Each medicine produces particular effects in the body of man, and no other medicinal substance can create any that are precisely similar.

2. In prescribing the striking, remarkable, uncommon, and peculiar symptoms of the patient are to be studied, for these must especially be covered by the characteristic symptoms of a remedy.

3. The totality of the symptoms is the only guide in the selection of the homœopathic remedy.

It will be observed that all the important words in these directions are in plural; thus we read of "particular effects" of drugs, of "peculiar symptoms," of the "totality of the symptoms." All indicating that in every case many factors are to be considered; in none do we read of single symptoms being used. Each



drug has its particular symptoms, which, taken collectively, surely indicate that drug, but few, if any, drugs have one symptom which invariably calls for that remedy. Take *Lycopodium*, for instance, it has a group of symptoms, which, taken together, can always be relied upon to indicate that remedy, but each individual symptom of this group is to be found under other drugs. One could scarcely fail to know what remedy even these few symptoms called for. Aggravation from four to eight P. M.; symptoms going from right to left, especially of the throat; fan-like motion of *ala nasi*; clear urine depositing a red sandy sediment; backache before urinating; a full, bloated feeling after eating a little; one foot hot, the other cold.

The whole art of prescribing, then, consists in finding, for each patient, that drug whose "particular effects" are most similar to the totality of the peculiar and uncommon symptoms exhibited by the patient. This, of course, excludes prescribing upon any one symptom, as has become somewhat a fashion. These single symptoms are very useful in indicating the drug or drugs one should study. After this brief review of Hahnemann's teaching and of his practice, we believe it is correct to state, as we have already done, that *the characteristics of any drug are the particular effects of that drug which no other remedy produces in a precisely similar manner.*

E. J. L.

## GLANDS.

C. W. SPALDING, M. D., ST. LOUIS.

The functions of glands are among the most interesting and important of the organic processes of the animal body. They rank next to the vital organs in importance, and any interference with their functions is a serious matter, and with regard to some of them is followed by disastrous consequences.

The glands of the human body are very numerous, and may be divided into several kinds, the chief divisions being the true glands, the lymphatic or conglobate glands and the ductless glands.

Names are intended to be expressive of the quality of a thing or the function of an organ. If this rule had been followed in the naming of glands none but the true glands would have been entitled to the appellation. But they were all called glands before their respective functions were well understood, and

having once found place in our literature under this name it was not advisable to change the name of either class, but to otherwise designate them according to their respective functions. Certainly those organs which elaborate and give forth all the amazing varieties of animal juices, which, notwithstanding their variety, are all drawn from the same source—the blood—should be called glands.

These are the true glands, and though the microscope shows scarcely a difference in the form and structure of the cells composing their tissues, yet the diversity of their secretions is something marvelous. There is no saliva in the blood, no gastric juices, no milk, no semen. The elements of these substances, even to the life spirit of the seminal germ, are in the blood, but the secretions themselves are elaborated in the glands by a cell-action peculiar to each variety.

Through the agency of the true glands, nature carries on one of her most wonderful operations. By this means the germ of the soul of man, as well as that of his body, is elaborated from the masculine blood. In the case of the lower animals that have no soul their inmost life is developed in a similar way. The blood of the mother furnishes the elements out of which the body is constructed, but the germ of both the internal and external comes only through the father.

The true glands may be again divided into secretory and excretory; the former supplying fluids useful for the purposes of the body, and the latter taking from the passing blood injurious substances and removing them from the system. Of the former class we may mention the salivary, the mucous or muciparous, the gastric, peptic, pancreatic, biliary: Peyer's, Brunner's, and Lieberkuhn's glands in the alimentary canal.

The principal ones found in the skin are the sebaceous, sudoriferous, ceruminous, and the meibomian. In other parts of the body are the prostate, the mammary, the synovial or mecelagmous, the lachrymal, and in the testes the seminal, through whose agency the species are propagated, while the brain itself may be considered as being of the nature of a gland, deriving from the blood as it does the nervous force for the vital purposes of the body.

The lymphatic glands, also called conglobate, are classed as absorbent, but they also have functions that are not clearly understood.

The ductless glands are the thyroid, the thymus, the suprarenal capsules, and the spleen.

Glands vary in size from about four pounds in weight to a

size so small as to be visible to natural vision only when fully distended.

The largest gland of the human body is the liver. This immense gland has secreting functions that are peculiar. It secretes bile that is carried away by the bile ducts, and glycogen, which does not enter the bile ducts, but passes in some modified form directly into the blood stream through the hepatic veins. Besides its glandular functions the liver acts as the great store-house of the carbo-hydrates, receiving and retaining these products of intestinal digestion, and giving them out into the blood in such proportion as the wants of the body require.

The dentist is more directly interested in the functions of the glands of the mouth. These in man are divided into salivary and mucous, and together these two classes furnish the mixed saliva of the mouth. The salivary consist of three pairs, the parotid, the submaxillary, and the sublingual. The mucous glands of the mouth are all of the same general character, and derive their names from their respective locations. The same is the case with the mucous glands of other parts, as tracheal, esophageal, uterine, vaginal, etc. The mucous glands of the mouth are the labial, lingual, buccal, palatine, and molar. On the tongue besides the mucous glands there are serous glands located near the circumvallate papilla which secrete saliva, and near the tip of the tongue are mixed (muco-salivary) glands which furnish a mixture of mucus and saliva.

The mucous glands are situated in the submucous tissue, and in form they are branched (reccemore) tubular glands. Their secretions contain mucine and are acid in chemical reaction.

Pure saliva, which can only be obtained from the parotids, is always alkaline in reaction, and the mixed saliva of the mouth becomes acid only when the proportion of mucus is in excess, or when decomposition of epithelium, salivary corpuscles or the remains of food takes place. The salivary corpuscles are a little larger than white blood corpuscles and are capable of molecular movements.

Other elements of saliva are calcium carbonate, from which tartar is chiefly formed; small quantities of sulphur, cyanide of potassium or soda and some organic substances of which that peculiar ferment, ptyaline, is the most important. Mucine is absent in pure saliva, and for this reason it is thin and clear.

The submaxillary always contains mucine, for the reason that in this gland we have both serous and mucous acini, the one secreting saliva and the other mucous, the serous, however, are far the most numerous.



The sublingual saliva, although containing much mucine, is strongly alkaline in reaction and abounds in salivary corpuscles. So the saliva of the mouth is a mixed substance derived from the secretions of salivary, mucous and other glands, and is more active than is that from any one gland. It should be an alkaline, or at least a neutral reaction. Its inorganic constituents besides those before mentioned are sodium and potassium chlorides, potassium-sulphate, alkaline and earthy phosphates and ferric-phosphate.

In diabetes mellitus it contains lactic acid, resulting from the decomposition of grape sugar. This acid dissolves the teeth causing diabetic dental decay. In new-born children there is a very scanty secretion of saliva until after two months of age. During this early period the diastasic ferment is not secreted by the submaxillary gland, nor by the pancreas; hence young children should not be fed on starchy food. For the digestion of milk the diastasic ferment is not required. As you well know, at a later period a copious secretion of saliva accompanies the eruption of the teeth.

At the red margin of the lips are a number of sebaceous glands which serve to lubricate the red surface of the lips.

Stimulation of the oral glands may be effected in various ways. If the facial nerve is stimulated at its origin, or the chorda-tympani at the peripheral end, a profuse flow of saliva follows.

On stimulation of the sympathetic a small flow of thick saliva occurs abounding in mucous and salivary corpuscles. These facts show that the nerves exercise an effect upon the secretions of all the glands of the mouth.

The secretion of saliva is largely a reflex act. When sapid substances are introduced into the mouth a copious flow of saliva takes place. The movements of mastication cause a similar flow, yet during the act of drinking, when this act is continued for any considerable time, the secretion of saliva ceases. The smell or the very thought of savory food causes a rapid flow of thin saliva, and thus the common expression, "the mouth waters," is literally true. During sleep there is no stimulation of nerves and consequently no secretion of saliva. If the mouth is held open during wakefulness the flow of saliva is as great if not greater than when the mouth is closed, but during sleep if the mouth is open it becomes dry. Again, if the nerves are divided, secretion stops, and in cases of paralysis the quantity secreted is greatly diminished.

The ductless glands elaborate substances which they secrete or excrete by infiltration.

The circulation of most of the glands of the body is very energetic, as the abundance of their blood-vessels and their frequent morbid alterations show.

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## LECTURE UPON LYCOPODIUM.

PROF. J. T. KENT, A. M., M. D., PHILADELPHIA.

Through the genius of Hahnemann, the dynamic and sick-making powers of Lycopodium—heretofore believed to be an inert drug—have been brought out, and we find it to be a long, deeply-acting remedy, having a broad sphere of action. It is an important anti-psoric, being one of the polychrests. One dose of Lycopodium given in a high potency will ward off the symptoms of a chronic miasm for a long time, and many times cure a chronic disease; if after a long time symptoms of disturbance of this chronic miasm should arise, another dose of different and higher potency will cause the subsidence of such conditions and symptoms for another long period.

Lycopodium acts powerfully upon the tissues and fluids of the body, causing diseased conditions resembling psora; especially such psoric effects as seem to have been handed down through generations, causing low forms of disease; active and progressive conditions of chronic disease; corrosive forms of disease, such as we find in corroding ulcers of the stomach; eruptions like epithelioma; infiltrations beneath ulcers; manifestations of warty growths; of *all* kinds of sores and eruptions; of low, anemic conditions. In this you see how deeply Lycopodium attacks the vitality. Like Carb. veg., Chin., Ars., Larant., it has all the signs of threatened dissolution.

There is great regularity of manifestation of the *aggravations* of this medicine. Most of its complaints, its pains, its febrile conditions, its coldness are *agg.* in the afternoon and evening, from four to eight o'clock; this is a strong characteristic and belongs to the *red string*. There is also *agg.* from cold; the complaints and irritations of the mucous membranes, the skin, and the general conditions are *agg.* from cold. Cold atmospheric changes; exposure to cold air. Cold drinks *agg.* The latter seems to make worse both the throat and stomach symptoms. Warmth is in general comforting in most

of the *Lycopodium* complaints; yet there is some *agg.* from becoming heated in the open air. Hot drinks relieve the sore throat and the irritation of the stomach.

*Lycopodium* produces the hippocratic countenance; the pallid, pinched face, with sweat, blueness, deathly sickness, rings about the eyes, sinking in about the nose, fan-like motion of the *alæ nasi*, abdominal breathing, heaving of the chest, feeble heat, coldness of the extremities; all symptoms of the gravest character.

*Lycopodium* has the febrile state; it has the chill; it has the sweat; it has all the manifestations of inflammation, and passes from the early inflammatory states to that of abscesses, indurations, ulcerations, destruction of tissues, and molecular death. It has all the common features of sepsis, zymosis, and diphtheria. It has the septic signs, the prostration, the profuse sweating, the frequent small pulse, the sinking and the suffocation. It goes deep into life and brings about changes that are remarkable, particularly in the zymotic state, the zymotic process. The exudations on the teeth, the tympanitic abdomen, the frequent pulse, the weak heart, the general irritable state, the typhoid conditions so often quoted, with diarrhoea and ulceration. As I have before mentioned, it has the diphtheritic process; the exudations of diphtheritic character upon the throat, or wherever it may elect to appear—in the rectum, in the vagina, in the nose, or in the larynx.

Most of its complaints travel from right to left; its rheumatisms belong mostly to the right side, traveling to the left; its exudations form on the right side and then on the left; its paralytic conditions belong to the right side with a tendency to travel to the left; the opposite, therefore, of *Lachesis*—which is from left to right; the right ovary, from the right ovary to the left is *Lyc.*, and pain in the left ovary, traveling to the right, is *Lachesis*.

Suppurative conditions form marked indications for this remedy. It has been very valuable in suppuration of the lungs; in pus cavities resulting from septicæmias and in abscesses. It is also allied to the gangrenous states; threatened gangrene; gangrenous inflammation; putulous appearances that are bluish and gangrenous, or that threaten to become such, associated with septic signs, and the general typhoid state.

Another peculiarity of *Lycopodium* is the *offensiveness* of its discharges; the sweat, the stool, and even the breath are offensive.

Again, a prominent feature is its glandular enlargements,



especially enlargement of the glands about the neck; enlarged tonsils; enlarged lymphatics; enlargements with indurations and with suppurations.

Flatulency is a marked characteristic of Lycopodium; much flatus, which may pass either way, with marked distention of the abdomen; abdomen distended even after a slight meal; belching does *not* relieve; with China, Lycop., and Nux, warm drinks *amel.* in the abdominal complaints; with Lyc. warm drinks and the nausea caused by cold water. Chin. has flatulency from tea drinking. Flatulency is a disturbing element in most chronic cases demanding Lyc. often. Associated with great mental weakness, confusion and distraction of mind.

Lycopodium has a wonderful range of urinary symptoms; pains, aches, and annoyance in connection with the bladder and kidneys. The urine is turbid and bad smelling, and if allowed to stand for a while, red sand appears as a deposit. The child cries before passing water.

There are muco-purulent discharges from mucous membranes of the bladder, of the urethra, of any or all the mucous membranes of the body. Its character is thick, yellowish, may be greenish. We find catarrhal conditions of the chest with this thick, yellow, purulent or muco-purulent discharge, to be very common to Lyc. The sputa is salt to the taste. It has also a dry catarrhal condition, dry and burning; the mucous membrane is in a state of irritation; this condition may exist in nose or chest, or it may exist in the throat or the pharynx. We may also find a dry, teasing cough. Here is a key-note, *dry, teasing cough in emaciated boys.*

Lycopodium competes with Sepia in spots upon the skin; yellow spots, brown spots, or brownish-yellow spots; they are sometimes quite dark brown.

Another grand feature of this remedy is its paralytic condition—its paralytic weakness. We find paralysis of the limbs; paralysis of the brain; great weakness of brain power; the brain entirely giving out, becoming exhausted, preceded by distraction; it is one of our greatest remedies in brain-fag; weakness of the mind. We also find paralysis of the limbs, and with all paralysis of the sexual organs; impotency. The sexual organs become debilitated and cold. A general index for the remedy in these conditions would be—the limbs and extremities become cold, with feeble circulation; anæmia of the spinal cord.

This remedy has many features like Rhus, it has great restlessness like Rhus, it is relieved by motion like Rhus. Rhus

corresponds to a state that has arisen suddenly ; to such as arise in the early part of the case, sometimes indeed to a very old case. Lyc. would not be as likely to correspond to a case in the early stages, for it is an inert substance, and a slow-acting drug, bringing about complaints after a long time ; after long and insidious working, bringing about this disintegration or breaking down of tissue ; tissue changes ; hence, long after Rhus has become inactive or ineffectual, Lyc. is thought of—but only because of its own symptoms. These are about the only features similar to Rhus ; the paralytic condition ; the rheumatic affections, and the great restlessness ; made better from motion.

Lyc. has dropsical swellings also as a characteristic, particularly a swelling of the lower extremities. There is pain of the legs, or of the knees and feet, both ; hepatic dropsy ; hence a filling up of the peritoneum with fluid ; engorgement of the liver, finally bringing about atrophy, and a nodular condition of the liver.

Lyc. produces varicose veins here and there, especially upon the lower extremities. It not only has atrophy of the liver, but it has shrinking of other parts, and it has marked emaciation, with a dry cough. It has a characteristic emaciation from above downward, wherein it competes with Nat-mur. The emaciation about the neck and shoulders, progressing downward, may be the first emaciation you will notice about a Lycopodium patient. There is one remedy of which we have spoken, that is peculiar in its emaciation about the diseased part : that is Pulsatilla. The diseased limb withers ; with this he has inclination for the open air. The headache ; the chest symptoms when present, give him the desire for cold air, for fresh air, and he is much disturbed over warmth even though chilly. An inclination for the open air, yet he is generally cold and chilly. This helps you to understand Lyc. ; the headache is generally better from cold, while the general bodily states are better from warmth. Headache *agg.* by warmth and by getting warm while walking ; from mental exertion ; *amel.* by the open air ; in cold air ; and from uncovering the head. This is the exception regarding the cold ; most other complaints are better from warmth.

There is a guiding symptom in relation to the back ; the *burning* as of hot coals between the scapulæ. Compare with Phosphorus. Glonoin. has burning like hot coals the whole length of the spinal cord. Pains and aches across the spleen and lumbar region are quite characteristic of Lyc. Many remedies have these pains and aches across the small of the back, but very few of them have these pains and aches across the

small of the back, relieved by passing the urine. Many of the symptoms of Lye. come on *before*, and are relieved by urinating.

This much belongs to the strong characteristics: the whole symptom picture; the pathogenesis—in fact, the complete red string of the remedy. With that red string you will be able to cure many complaints. Having a good portion of the general state of the remedy you must also know that the special symptoms are present, but you *may have all the special symptoms without these grand, general features, and not succeed in curing your patient.* The mental symptoms of Lycopodium evidence a marked weakness and relaxation. There is great weakness and relaxation of every part of the body, hence the patient is disturbed in mind. In brain-fag, a tired mind, this is a great remedy. The nervous exhaustion, with enfeebled mind, takes various shapes. In some cases the patient is afraid to be left alone, even afraid of his own shadow; dread of men. This dread of men, or dread of the opposite sex, is often associated with impotency and aversion to sexual intercourse. It is common for the patient to say she is afraid to be left alone; she may be afraid something is going to happen; fears of various kinds come upon her; there is forgetfulness, anguish, and excitement when alone. (Ars., Bism. have great fears and forgetfulness when alone. The Phos. patient is afraid something is going to happen when alone in a room, especially at night. The Arg-nit. patient hardly dare remain alone lest he harm himself, fears and anxiety will compel him to move about. He also fears to go upon a high bridge or lofty place lest he throw himself down. This is a marked symptom of Arg-nit. Anac. has the same.)

The Lycopodium patient uses the wrong word from mere weakness; he knows that he does so and tries to correct himself, often repeating the blunder (compare with Dulc.); feeble mind; absent mind; great melancholy; sadness, with confusion of mind; religious melancholy; dwelling upon religious topics; thinks he has sinned away his day of grace. Of course, these symptoms are absent in those people not of a religious turn of mind. You would hardly expect to find them in an infidel. The Lye. patient is tearful, as well as sad—is inclined to weep a great deal, even as much as the Puls. patient; is tired of life; wants to die; has distaste and disgust for life; her surroundings are disgusting to her and she is always tired and worn out. At times she is indifferent to her family and will not answer questions; does not wish to be annoyed; wishes to be alone and



quiet, and still there comes the fear when she is alone, so she is not contented anywhere. This partakes of the general restlessness running through the drug, sometimes benefited by moving about. (Restlessness, like Rhus and Puls., but the latter is *amel.* by slow motion. Any kind of motion relieves Rhus.)

The patient is willful in Lye. and will not obey, headstrong; wants her own way, and withal very deceitful.

The irritability, resulting in fear, is sometimes so marked that a strong impression is made upon the body. There exists in the body an apprehensiveness, a modified fear, especially when alone, which creates an increased susceptibility to a natural cause for fear, so that if the natural cause arises it produces a profound impression upon the body, *i. e.*, unconsciousness; unconsciousness, with spasms, after which follow disease of organs; affections of the heart; affections of the bowels, particularly engorgement of the liver. Both acute and chronic disease have localized themselves upon the liver because of this fear. Mental states resultant from fear frequently resemble those of Igt., Hyos., and Act-rac., but we have diseases of organs, especially of the liver, brought about by fear. A frontal congestion, with all its sequences, may come about by being frightened, by being greatly disturbed, and by suddenly coming upon something frightful or horrible.

There is more or less of dizziness in Lye., and this remedy can furnish you with most any kind of head pain. The peculiarity of the head pains is the *time* and the *kind of agg.* The headaches are worse from four to eight in the evening and by eating, for there are many stomach symptoms in relation with Lye.—*amel.* in the open air, in a cool place, or by uncovering the head (Ars. is similar in its general *amel.* from warmth, with head symptoms alleviated by cold) is *agg.* by warmth of bed, from becoming heated during a walk, from mental exertion, from heat in general.

There is great loss of hair; hair falling in great quantities. This also may occur after fright, after typhoid, or in syphilis if the syphilitic case has been running two or three months he then begins to loose his hair. Low forms of zymotic disease will bring out the hair, erysipelas of the scalp (in this loss of hair you will need to know Ph-ac., Lye., Graph., Phos., Sulph., and many others, twenty or thirty of them; even Sep. relates to loss of hair.)

Eruption, beginning upon the back of the head, *crust thick* and *easily bleeding*, oozing of *fetid moisture*, *agg.* by *scratching* and *warmth*.

The eye symptoms are also important. There are many diseases of the eye in which you will need to know the use of *Lye.*, peculiar perhaps are those with crusty formations upon the lid edges, having thick, yellow, moco-purulent discharge, in which the general bodily weakness, the mental symptoms, or may-hap some active symptom like red sand in the urine will be guiding, or again, the least mouthful of food causes him to feel that he has taken a full meal. Of course, if you are not looking for symptoms or used to looking for symptoms you will not find them, as many times the patient might say, "I feel well in every other way," but then you would be obliged to resort to Boracic acid solutions, Sulph. Zinc., or some other slop, and where then is your Homoeopathy? *Lye.* has many diseases of the eye, pustules, styas, mucus in the eye, inflammation, conjunctiva looks like raw flesh (very like *Apis*), copious discharges of pus, accumulations of thick yellow or yellowish-green mucus, and quite apt to be profuse.

There is a characteristic discharge from the ears with much roaring, otorrhœa, purulent, ichorous—frequently met with after scarlet fever with impaired hearing—sensation as if hot blood rushed into the ears. It is a wonderful remedy in these characteristic discharges of yellow or yellowish-green mucus from any portion of the body. Many children have the nose stuffed with thick, yellowish-green matter, cannot breathe through the nose night or day. Always stuffed up. S. L. G. L.

[CONTINUED.]

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## TISSUE REMEDIES.\*

EUGENE B. NASH, M. D., CORTLAND, N. Y. .

In a lecture on *Colocynthis*, Dr. J. T. Kent speaks by way of comparison of *Mag-phos.* as an excellent remedy in colic. I do not remember his exact words, but do remember that, while both of these remedies have the crampy, doubling up pains, for which *Coloc.* has so long and often been found promptly remedial, *Mag-phos.* has also, in almost as marked degree as *Ars-alb.* *relief from heat.*

Not only is this so in *Mag-phos.* but also in some other neuralgic pains and affections for which *Mag-phos.* has often been found efficacious. So if *Coloc.* fails me in neuralgias, where the

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\* Bureau Materia Medica, I. H. A., June, 1887.

pains are cramping, I look sharp for the amelioration from heat and if it appears, Mag-phos. generally cures.

Not long ago I was called to a case of facial neuralgia, of long standing, which had been treated by a regular with anodynes, large doses of Belladonna being the last one used, in such doses that the muscles of accommodation in the eye were so paralyzed that the patient could not recognize the friends taking care of her. Upon examining her case, I found that the only way in which she could get any, even momentary relief, was by hot applications to the painful nerve. Here was a good opportunity to try Mag-phos. I gave it in the twelfth trit., a small powder dissolved in water, and teaspoonful doses at intervals of two or three hours. A few doses soon relieved her of the pain and in a few days more she had recovered from the weakness consequent upon such long suffering.

Now what of the tissue remedies of Schussler? Shall we refuse to use them because they have not been proven? I say yes, if we can find our remedy among drugs that *have been* proven; if not, use them, especially if their clinical use in the *potentized form* has proved repeatedly successful. Many of the most reliable symptoms in our *Materia Medica* have been discovered *ab usu in morbis*; like that of Puls. with which I perfectly relieved an old man suffering from enlarged prostate (after he had been aspirated twice to empty the bladder) on the symptom, "after micturition, even a few drops, spasmodic pains in the neck of the bladder, extending to the thighs." I was led to it by Dr. Lippe, in his excellent article on prostatic diseases in the HOM. PHYS. Dig. and Caust. have served me equally well when indicated. This valuable symptom is now in Hering's *Condensed Materia Medica* but is not found in Lippe, Allen, or Cowperthwaite, and has never, so far as I know, been produced in proving. A diamond discovered by *accident* is as truly a diamond as though you had been *hunting* for it; so these clinical gems in the *Materia Medica* are no less gems because we have not a full proving of the drug to which they belong. This is especially so if they appear during the use of the *potentized* drug. If a symptom or diseased condition is cured or removed with a remedy from the thirtieth or even the twelfth dil. upward and that *repeatedly*, I "chalk it down;" it is entitled to my confidence. I believe it almost impossible to *cure* with the thirtieth potency, or even to *remove* any symptom or set of symptoms to which it is *not* homœopathic. Or in other words the anti-pathic remedy in such a potency will produce no curative effect at all. So if a cure *does* follow the administration of such a potency the rem-



edly must have been homœopathic to the symptoms, and a *thorough proving* of the remedy will corroborate it. One thing must be remembered, viz.: that while cures must verify provings, provings (if carried far enough) must also verify cures that are made accidentally. Now am I advocating empiricism? Not a bit of it. Let me be understood; head first is the way a child *should* be born, but if he comes breech first, it is a child all the same. Provings first, and cures afterward is the *right* way, but if cures come first, accept them, and make the *provings* afterward. Such cures are, sometimes, wonderful leaders to most valuable therapeutic agents.

Now in regard to these tissue remedies. Let any honest investigator study the symptoms of Ferrum as laid down in the Homœopathic *Materia Medica*, its vertigo, congestion to head, penetrating hammering pains, red face, epistaxis, etc. Then study it in its action on the lungs; note the oppression, hæmoptysis with bright red blood, interscapular pains; together with the fact that Hempel mentions, that those who live in the vicinity of iron springs and drink the water are subject to local congestions, pulmonary phthisis, spitting of blood, etc. Add to all this the well-known action of Phos. upon the lungs, and then judge whether the biochemic theory, or the *homœopathic law* for applying Ferr-phos. in local congestions of the head, lungs, or any other part lays best claim to our confidence as guide. Calc-phos., Natr-sul., Nat-m., and Silicea are well proven, and have been long used in many of the diseases for which Schussler recommends them. No doubt they affect the tissues; so does every remedy, vegetable, animal, or mineral, which changes diseased into healthy action or *vice versa*. But whether they cure by virtue of supplying any lack of chemical elements in the tissues, rather than by correcting a condition of the system, which in *health*, is able to select these elements necessary to its well being is very doubtful to say the least. Every true homœopath knows that the lack of bone development for which Calc-phos is remedial, is readily corrected by the use of this remedy in the thirtieth, two hundredth, or even higher potencies. How much of the lacking chemical element would be supplied in a month, provided the child took a grain of the thirtieth three times a day let the Milwaukee Bureau answer.

Well, time and research will bring many facts to light that will corroborate the truth of "*similia similibus*," etc., and one of them will be that the tissue remedies of Schussler are *wonderful remedies*; another that they will cure in potentized form, all diseases *to which they are homœopathic and no others*.

DISCUSSION. Dr. Lippe—It strikes me our dear friend is going back a century. You will remember the conversation with Samuel Hahnemann in regard to a case where a remedy was applied for the cure of acute intermittent fever. The question was asked, under what conditions the provings were made, and Hahnemann replied, "Cullen made his cures before, and Hahnemann proved afterward," and since that day the language has been reversed as far as the proving of medicine and making of cures. Of course, Cullen did not understand it, but it is a law of cure and you have it to-day—the same thing over again. I don't think we have any need to go back into the last century. *You will prove your medicine first and cure afterward.*

Dr. Nash—That is what I said; that is what I claim in the paper: *Prove first and cure afterward.* And I want that clearly understood. If Cactus is given a patient, and is homœopathic to him, it will cure him whether it has been proved or not. That is the idea. Of course, it is better to have the proving first than to have the clinical symptoms. These clinical symptoms are valuable after they are proved; provided those symptoms were never produced. I do not defend that kind of way of doing business, understand that. I advocate the proving of a remedy first. But if we do discover, as we say, that a symptom is produced by a remedy, and that remedy when repeated, produced the same symptom again, and when used for the purpose of curing, it does cure, then don't reject it because it is clinical.

Dr. Wesselhœft—I believe we have three indications for the use of this remedy, and they are symptoms not derived from provings, but observed upon the sick. We have a tripod and it will stand. I made a cure with Mag-phos. very similar to the one reported by Dr. Nash, and it is one I think could never have been made without the knowledge of the characteristics of this drug. To me it was an astonishing cure; and the city of Eastport sent me a large delegation of patients in consequence of it. The subject was an old lady, sixty-six years of age, whom I had never seen, and when I did see her six or seven years later, I wondered that a cure of any disease should be possible in a subject so attenuated, anæmic, and lacking in everything which might show a promise of favorable reaction to even the most specific remedy. The pain was supra-orbital, *right-sided*, sharp, *intermittent*, and relieved by *warm* applications. It had lasted, with short intervals of relief, for three years. She received at intervals of four or five weeks, single doses of Mag-phos.<sup>cm</sup> for three months. She has remained practically

free from pain ever since. Mag-phos. has its pains on the right side; they are intermittent and relieved by warmth. This is true of the facial pains as well as the ovarian and uterine pains. I was anxious to ascertain from Dr. Nash if his patient's pains occurred on the right side, but unfortunately he did not remember.

The pains of Mag-phos. are similar to those of Pulsatilla, but the latter remedy has intolerance of, and aggravation from, external warmth.

It is a remedy that we should prove as soon as possible, and it was my intention to offer it for proving this year. I was, however, so impressed with a cure by Dulcamara for which I could find no reason from the symptoms as far as at present known, that I was anxious this drug should be more fully proven upon women. Of all the so-called "tissue remedies" (I refer only to those which have as yet no provings), Mag-phos. is the only one of which we know that it has at least three characteristics—and if these three are present in a case, it will cure.

Dr. Baylies—On which side did you say the pain was?

Dr. Wesselhœft—The so-called ovarian pains were upon the right side. In this case the pains were on the left side and in the face. I think it a very peculiar case. You will recollect that the pain is on the right side in facial neuralgia.

Dr. Wells—I heard a part of the paper of my friend, and believe I heard enough to get this idea, that he was to give a certain degree of value, as I understand, to a remedy which had cured but had not been proven. These cures incidentally, if you please, have their value. I do not think there will be any difference of opinion in the Association as to that. They cannot, of course, rank with symptoms which have been ascertained by proving, and there will be no difference of opinion on this point. There is a different degree of importance attached to them. But a marked cure made by a drug like that, of symptoms which it has cured, and are not found in a proven drug, is a guide-board pointing in the right direction. A matter to be observed, and I think my friend is perfectly justified, in calling attention to the importance of them—partly proven, proven by clinical use. I think that if we get a baby by the heels that we have a baby, and it is just as good a baby afterward as if it was born by the head.

Dr. H. C. Allen—Mr. President, I was very much pleased with Dr. Nash's paper. I was afraid, however, that when he



started out, he was going to advocate heel delivery instead of the natural form.

Dr. Nash—No, sir.

Dr. H. C. Allen—Like some other acrobats, he comes right side up after all. I should like to affirm what he has said in regard to some of the characteristic pains of Magnesia phosphorica. I had last winter a patient that suffered intolerably with right-sided chest pains. He was a pastor. I had relieved him a number of times, but the relief would only be temporary until a severe northwest storm set in; then they would come back—those chest pains. I found a few of his symptoms under Magnesia, and I decided, taking all into consideration, to give him a few doses of the thirtieth trituration of Magnesia-phos. I think that was a victory. He has been blowing my horn all over the city ever since. He has not had an ache or pain in that right side. That confirms what Dr. Wesselhœft said about the darting, shooting, forcing, tearing character of the neuralgic pains. These were not intermittent any further than the storm was concerned in affecting the right side. It was a northeast storm that came off one of our fresh-water lakes, the worst kind of a storm for rheumatic and neuralgic troubles. I may say, for Dr. Wesselhœft's gratification, that I have two provers at work on Magnesia-phos., and they have been at it for about two months.

Dr. Nash—I would say, to close this discussion, that I thought some might be lead into the habit of prescribing remedies on the idea that they might possibly hit it. The idea was not of that kind. I do not advocate any such thing by any means. I hunt for my remedy if it is in the *Materia Medica*. If I find some other man, Dr. Wells, Dr. Lippe, or any other man, has cured several times with a remedy, it may be that it came by accident first—that is the next thing I go for—one of the next things.

Dr. Brown—For four years I have used Schussler's preparations if I could not get indications for other remedies. First hunt by the law of similars—sometimes you will come across poisonous conditions produced by old-school physicians. In those cases the provings will not be of much value. In order to have a good proving we have to follow homœopathic law. Hunt for your knowledge. That is the idea; and when you find it you can use it. Take advantage of the circumstances, as any man would in using hot water, cold applications, or exercise, or any other remedy that is used because we have proved it. We have found it was good for the circulation. I have

often made cures entirely in that way without giving any homœopathic remedy. If the patient has been indulging in treatment by the old-school practitioners, and is filled up with Quinine, then you must treat them accordingly, and I am sorry to say that some men who are called homœopaths, but who would not be allowed to enter this Association because they use Quinine, have it on their table, and use Morphia, because they are too lazy to select the right remedy. If there are such in our school now, they do not follow after me.

### CLASS-ROOM TALKS. No. 7.

(FROM THE LECTURES OF PROFESSOR J. T. KENT, M. D.)

Upon the subject of dietetics—the assimilation of the necessary elements of the great macrocosm that go to form the microcosm of physical man; the food from which these elements are gathered by the animal economy; the difference in amount of such elements required in individual cases, and how regulated; the inanition for those elements; the cause; their treatment, and cure—I would like to have a word with you.

There are, at the present time, so many papers coming out on this grave subject, covering it only from an external point of view, that you have need that somebody show you wherein that which sounds so plausible is *untrue*, and wherein it is both true and useful.

When you find, in child or adult, a manifest inanition for some element—be it bone-salt, Sulphur, Nat-mur., or other of the necessary substances—recognize this possibility. There may be at least three different sources from which to look for the cause which has exhibited this condition; that looking at *one*, and that the most *infrequent*, will not give you the success, which, as homœopaths, you have been led to expect.

1st. As an external cause, you *may* find that the proper element does *not* enter—as a constituent or in sufficient quantities—into the ordinary food the patient takes. A condition comparatively *sure* and certainly seen only in those whom poverty has deprived of the commonest necessities of life.

2d. You will find those in whom there is an *inability* to assimilate or appropriate those elements, no matter in what abundance they may have been supplied. See cases of inanition for Natr-mur. in which any amount of table salt has been craved

and eaten for years, perhaps with tenacious eating and constant emaciation, or an inanition for Calcaria or bone-salts, which, if fed to them by the pint, would only aggravate the condition, torment the patient, and not hasten the growth of a single tooth, or add strength to one of the softening bones.

3d. We may find a combination of the two causes, insufficient food and inefficient assimilation, *both* of which you must take the proper means to correct.

The true reason for this want of assimilation lies in the disturbance of the vital force by some miasm. If you know the parents of a child to have been deeply psoric, and if it has not been wise to disturb that miasm in the mother during the period of gestation, with the properly selected remedy, give to the child, at birth, the dose, and before another pregnancy place the parents in better condition. You will be astonished to find how satisfactorily the process of bone formation and dentition will go on, and if you compare the result with such as you have had before, wherein you have made the selection of food of the finest quality and exact quantity, you will find that in the majority of cases the latter has only acted as what our neighbors of the "regular" school would call an excellent adjuvant. How much, think you, would the best dietetic regimen do to prevent the blackening, crumbling, and decaying of teeth, the gradual destruction of bone tissue—as in hip-joint disease—if a syphilitic miasm were inherited?

I suspect all measures of that kind would be positively evil without the properly selected remedy.

In the matter of assimilation of the natural elements physiology teaches that the human economy in its several divisions *takes* that which it needs from the blood, and we only supply nutrition, then placing it in the proper receptacle, from which it is extracted in quantities and qualities to suit the individual needs of the different parts of the system.

We do not send certain per cent. of Calc., Phos., or Sil. to the bones per day, or of other constituents of the body to the muscles, nerves, and cartilage. We simply send a supply, greater or less, *en masse*, which nature, if normal, regulates by the appetite, and which the tissues *themselves* again regulate according to their need. Greater waste or use having been made at one time than another, therefore greater demand. So, then, in pathological conditions, of what use a choice of food containing 0.645 of Lime and 0.874 of Phos.-ac. if the system, because of the miasmatic disturbances can only absorb and assimilate 0.001 of it.

You may think it well to place it there in case of emergency



—it might be used. Doubted. There is such a thing as creating a poisoning by forced use of a substance that causes even greater depression of the vital force than would have been done by nature herself. A careful study of the miasmatic aspect and a careful application of the indicated remedy will give nature the chance to regulate her own supplies better than you can possibly regulate them for her.

The substances of the inorganic world can only be assimilated and made of use to the animal economy through their rehabilitation in the vegetable kingdom. When entered in the crude they simply form obstruction to the normal functions of the vital force, throwing out their own signs and symptoms, acting as an irritant or foreign body, and if left unmolested causing death with greater or less rapidity, according to the vitality of the organ or organs which they obstruct or to the completeness of the obstruction.

The differences of requirement perfectly normal of the different tissue builders in individual cases is greatly varied, how then must it be in pathological conditions? How else can we determine except by signs and symptoms? There is one very good way to tell if it is the food that disagrees with your patient, and that is just this, if the patient *ever has thriven* upon the diet which now disagrees you may be sure that it is a remedy that is needed and *not* a change of food.

In one of our late papers upon dietetics the author remarks that the "teeth once built up are built up forever." One of the finest looking, and the dentists said, the soundest set of teeth I ever saw belonged to a young woman of twenty-four. Before she was thirty-five years of age she had lost them, and had a complete artificial set, they had quite crumbled away, and had had good care. Query, is good care necessary to the preservation of teeth in a good, healthy organism? A son of the above-mentioned subject was fed upon cereals during his baby life, in fact, would eat nothing else. He lost his teeth by decay long before it was time for the second set. Another son had a great craving for milk, would hardly be persuaded to eat other things when seven or eight years old. He had good teeth so long as I knew of him. What was the matter there?

I wish to show you this, that you may look for the *deeper cause* in your efforts to bring into this world of ours a more healthy and righteous condition of things. Do not stop to weigh and measure the food put into the body until you find whether the force occupying that body is capable of assimilating those elements to its own best good. Search first for the remedy

and then for proper food, remembering that it matters not the quantity or quality *if* the economy absolutely refuses to make use of it.

S. L. G. L.

## AN INVOLUNTARY PROVING OF LAC CANINUM.

Mrs. F., a widow, small, petite, about thirty years of age, sought relief for hay-fever, some of the premonitory symptoms of which were commencing to develop. Lac caninum covered all her symptoms, and one dose of the CM (Swan) was administered dry on the tongue with a plentiful supply of Sac. Lac.

Took powder in morning. In evening of same day eyes commenced to pain, and had a confused feeling in the head. Awoke at four A. M. next morning with rawness and soreness in throat and aching in lower extremities.

The following is a recapitulation of her symptoms from first to last according to the Hahnemannian schema:

Irritable and cross, wanted to "pulverize" her physician for making her sick. Headache commencing in occiput (third day) and extending to vertex and forehead; throbbing in forehead and temples, finally settling in eyes; eyes very sensitive to light during headache; eye-balls sore and painful, pains extending deep back into the brain with the headache. Headache commencing all over head at once (second day) in the morning, a dull, heavy, confused feeling in head all day, becoming a severe ache toward evening, and settling in eyes and temples. Headache worse from motion and stooping; better from cold applications. Swelling and inflammation of upper and lower lids of both eyes, the left the worst. Tired feeling in eyes, considerable lachrymation—both eyes—redness of conjunctiva, eye-ball sore, aching and painful; pains extending deep back into head, with headache; pains in eyes better from cold (wet) applications; eyes sensitive to artificial light; discharge of clear white mucus from nose and sneezing; earache the first time in her life on right side; aching deep in the ear, worse from cold air; had to keep ear covered all the time; pain in ear better by pressure with the point of the finger in meatus; external ear sore and painful; soreness and swelling on right side from ear down side of face in the region of parotid gland and angle of lower jaw; swelling and soreness of glands at angle of lower jaw, right side; soreness extending from right ear down side of neck to right shoulder, painful when turning the head; gums, upper and

lower, very sore and red; tongue coated white, breath offensive; sensation of a hair in back part of mouth on right side, which she tried ineffectually to wipe away; profuse expectoration of saliva.

Awoke about four A. M. (second day) with a feeling that she was going to have sore throat; rawness and soreness in throat on right side. Swollen feeling in throat. Feeling as if she wanted to expectorate but could get nothing up. Sensation of a sac (lump?) in her throat on right side which seemed to descend when she swallowed, and scraped or rubbed against the mucous membrane as it went down; returning after deglutition.

Fauces and tonsils very sore and red. Right tonsil appeared puckered and drawn up from circumference to centre.

In centre of right tonsil, a small *black spot* about the size of a pin-head. Two long shaped ulcers on right tonsil, toward the inner edge. On third day a ring of small yellow blisters around each ulcer, which later presented appearance of a false membrane. False membrane on right tonsil but not on left. Left tonsil became sore and inflamed on second day, when the right was not nearly so painful; by evening pain and soreness returned to right side when the left side was relieved. This alternation from side to side continued one week when the painful symptoms wholly subsided.

All deglutition painful, but worse when swallowing solid food. Pain extends to ear when swallowing. Pains in throat worse in cold air.

No appetite for anything.

Cramping pain in calf of right leg at night. Was compelled to get up and rub it, which relieved. Had this cramping every night for a week. A knot (objective subjective) in calf of right leg when cramping; sensation as if some one had a stick in muscles and was twisting it around. (Never had cramp except when pregnant several years before.) During the whole proving feverish in the evenings. Flashes of heat, commencing in chest and extending up over face and head, when she would break out in sweat, which would dry up in a short time; face would become moist first and become dry first. Sensation over whole chest as if dripping with sweat when only slightly moist.

Sleep restless, tossing about. Horrible dreams.

The time from the first feeling of illness until all painful symptoms subsided was one week. With the exception of the sneezing, for which I prescribed, she felt perfectly well. Had not had but one attack of sore throat during the whole winter. It was a Lac caninum sore throat, though not nearly so severe



as the one produced by the drug, considering that it came on in only a few hours, the one dose and the potency.

I consider it a good proving. By comparison with Swan's *Mat. Med.*, it will be seen that some of the symptoms have never been produced in any previous proving.

H. C. MORROW, M. D.

## THERAPEUTIC NOTES.

H. C. MORROW, M. D.

Visions on closing the eyes: Apis, *Arg-nit.*, Arsen., Atrop., BELL., Bry., CALC-C., Camph., *Caust.*, Chloral., Cinch., Cocc., Euphra., Gels. (clinical), Graph., Hell., Ign., *Lach.*, Led., Lycop., Nat-m., Nat-ars., Petiv., Plumb., Puls., *Samb.*, Scroph., Sep., *Spong.*, Stram., Sulph., Tarent., Thu.

Are there any others? The authority for each of the above can be given.

Stool smelling like rotten eggs: Asclep. tub., Arsen. alb., *Cale.*, Carls., Cham., Fagop., Hep-s., *Psor.*, Sulph., Sulph-ac., Wies. Any more?

## NOTES ON A DIETETIC CASE.

As an appendix to "A Dietetic Case," given in your July issue, page 345: Years ago I treated a young lady student of a very hysterical character, for a kind of gastric fever which would not yield to the usual treatment, and I might just as well acknowledge that this young student was as well versed in the intricacies of our materia medica as many an old head. That she was a thorough high-potency woman may be considered understood. One day at my morning visit she said to me: "Professor, what I have craved for the last three days, I know I ought not to have and still I want it badly and nothing tastes good." She wanted mushrooms. I immediately telegraphed the whole state to Constantine Hering, and after a few minutes the wire flashed back: "Let her have as many as she wishes and nothing else." My fair patient luxuriated on a can of mushrooms a day (it was in the midst of winter) and from that moment convalescence set in without another drop of medicine.

2. With the aid of two other physicians I treated once a very severe case of typhoid fever, which had run already four weeks without abating. On a Saturday afternoon our consul-

tation resulted in the consolation for the parents that the result is more than doubtful. Sunday morning came and the old people went to church to pray for their daughter's restoration and left our poor patient to the care of an older sister. I had seen her about eight A. M. (she lived about six miles from my office). Cornbeef and cabbage was prepared for dinner, and the dear girl smelling the perfume arising therefrom, begged her sister to give her a taste. A refusal did not abate her desire, and the nurse finally yielded, thinking she might as well have her last wish on earth granted. It tasted so good to her, so refreshing. When the parents returned and heard this, messengers were immediately dispatched for the doctors to hurry up, and by good luck I was the first to arrive and found my fair patient enjoying the first sweet natural sleep and quiet breathing. At my advice we sat down to dinner and regaled ourselves on that cornbeef and cabbage, when Doctor No. 2 drove up and asked immediately whether I had given her already an emetic. "Hold your horses," I replied, and would not allow him to go to the sick-room till his impetuosity had calmed down. Doctor No. 3 came, and we smoked our pipes in unison and in peace and waited till six P. M., when she awoke refreshed as out of a dream. In short, the crisis was happily passed, and except a few doses of Cinchona for her weakness she took no more medicine and recovered nicely.

A queer diet this was, cabbage for typhoid fever; but my friend Kellogg, of New York, insists upon it that when a patient demands for days an unreasonable article of diet, let him have it, even if it is sour krout, and in many cases it is really a hint of nature which should command our best attention. S. L.

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## FALLACIOUS AND TRUE THEORIES CONCERNING CERTAIN SKIN DISEASES.

DR. H. GOULLON.

(Translated by A. McNeil, M. D., from the *Zeitschrift für Homöopathie*.)

In "Eckermann's conversations with Goethe," it is stated, in part third, under the date of March 31st, 1839: "Goethe was very sick again lately, so that he could be seen only by his most confidential friends. A few weeks ago he was bled, which was followed by pains in the right leg, until at last his internal disease found vent in a wound on the leg *which was followed by a rapid improvement.*" The expression "wound" is at all events

inappropriate, for a wound always presumes a mechanical injury. It must have been a superficial exanthem, else it could not have been followed by the statement "This wound was healed several days ago and he is as cheerful and as gracious as ever." With the appearance of this skin disease, the nature of which is not established, the general health improves. This layman, Eekermann, clearly perceives the casual relation and tacitly acknowledges it.

And how does a part of the present medical world [fortunately a part, not all, as we shall see] judge as to such a connection between internal and external diseases? We only need to read in the various widely read journals. For instance, we meet in the 12th Hft. of the "*Buchs für Alle*," in the correspondence of the medical co-laborators the following advice: "Fourteen days in a horizontal position in bed and during this time bandages wet with lead water [sugar of lead?] changed every three hours, will certainly cure superficial ulcers of the leg." The allopaths stand ready to cure ulcers of the legs in fourteen days; this sounds well! However, usually, the time of arresting is four weeks, and even then the "open leg" is not always cured; if the lead water could cure the medical counselor of the "*Buchs*" would be a very rich man. And why does not a cure always follow the use of such directions? Because the morbid process is very much deeper than the "superficial ulcer;" the views of these medical men are also very superficial *on these points*.

In the same number of that journal a medical man says that a mild eczema will soon disappear under the use of an ointment of equal parts of zinc and white bismuth in vaseline. But as to what appears in the place of that mild eczema, the medical authority is silent or is in ignorance. Oh! you short-sighted skillful one, who would cure more quickly than the invisible natural power which dwells in every organism. If you succeed, in a seeming cure, you close the safety valve and thereby produce in a short time a catastrophe.

Vaseline, "mineral fat, which does not become rancid," is by no means perfectly innocent and safe. After its use on the knee, I have seen an erysipelatous inflammation of the eyes and also over the entire body an eruption [nettle rash]; at other times it is not well tolerated notwithstanding its pretended innocuous properties.

Chronic ulcers of the legs are often beneficial safety valves, which allow one to live on to old age; one will acknowledge this if he will review some cases. I have known many who



have passed eighty years and have had such ulcers for decades. However, if the patients are anxious to have these inconvenient ulcers treated, they must be cured by internal medication. We will soon see with what remedies they are to be treated.

A man came for treatment to the clinic of the University of Utrecht. He had had formerly an ulcerated leg which was healed; after it was closed up he became insane, but reason returned when a seton was made in calf of his leg. This seton he allowed to heal afterward; the mania returned, but *disappeared again on opening the seton afresh*. Can there be a clearer or more convincing proof of the opinion that many times in these cases of eruptions on the skin that the *medicatrix natura*, or the physician of nature, has a definite object in view? I use the word eruption advisedly; for these are real eruptions, volcanoes, of the skin, throwing off the refuse or the *materia peccans*, of the system. Arsenicum, Silicea, and Sulphur are our most potent remedies for curing chronic ulcers; but Sulphur is particularly useful in all kinds of skin disease. A French physician calls Silicea the first of the anti-scorfulous remedies; and it is acknowledged by both allopath and homœopath that Sulphur corresponds closely to the widespread hæmorrhoidal constitution, whose pathologico-anatomical expression is frequently represented by ulcers. If we remove the fundamental morbid condition by appropriate internal medicine, of which the different affections of the skin are but mere symptoms, then a relapse is almost impossible. Hufeland, the celebrated physician, who had a masterly acquaintance with the art of prolonging life, believed in leaving alone certain forms of eruptions of a scorfulous nature, and would not disturb their growth and natural development. He did nothing to them either by internal or external medication. And we ought to indorse this practice, especially when we see its correctness proven, as in cases of deafness following a suppressed otorrhœa [even from the administration of such homœopathic remedies as Hepar, Mercurius, etc., in too strong doses.]

If any one should go so far as to suppress an eczema around or behind the ears with oxide of zinc ointment and the like, which the allopaths claim to be harmless, and thus drive the disease back on the central organs, then, the outlet for the disease being thus closed, frequently fatal convulsions are produced by this irrational treatment.

There are some learned men who do not deny that eruptions are constitutional, *i. e.*, are to be traced to an origin in some internal general disease; this view, however, does not prevent them from medication which aims at local or suppressive treat-

ment of the disease. Such a partially enlightened man is Professor Nuna, of Hamburg. I was very anxious to learn his position on this question in practical dermatology, in which he is a recognized authority, read his pamphlet entitled "*Das Ekzem in Kindesalter*" [Eczema in Childhood.] The introduction was quite reasonable and encouraging, for he says, "The best paper on this theme is from the pen of Dr. Bulkly, the New York dermatologist. The Doctor sees in eczema [which term here signifies, as it were, eruptives in children] only the expression of a general disease. He does not believe that an eczema can arise from hurtful external influences without such a diathesis. Such eruptions, he thinks, are merely inflammations of the skin. Among the predisposing causes, the trio gout, scrofula, and nervous weakness, play the principal roles. In harmony with these views, the treatment is a combination of external and internal measures. He reports many cures made entirely without any local application; he suspects that the unsuccessful cases of those physicians who rely on local treatment were due to their neglect of constitutional treatment."

Dr. Nuna continues, "Standing on the one-sided local therapie established by Hebra thirty years ago, which has become the fashion, we do not censure this treatment which is brought forward with so much scientific earnestness and which is based on such extensive experience. On the contrary, we congratulate our American colleague on his devotion to his convictions and on the clinical acuteness which he shows in his diagnosis of the constitutions of his patients." Notwithstanding this, Dr. Nuna is afraid to follow the clear sighted teaching of Dr. Bulkly, so he continues to smear his patients *à la Hebra*. The arguments which Dr. Nuna uses to prop up his hybrid views are very fallacious, he says, "Fortunately for humanity they do not always require to be cured in the same way, if they are cured, and we believe that with an especial, but not exclusive local treatment, we have as good results as Bulkly."

But between so-called "curing" and genuine healing, there is a great difference. Allopaths also "cure" intermittents, but they pay no attention to the Quinine cachexia; they also "cure" gout with Salicylic acid, but whether or no disease of the heart remains is another question. They also "cure" syphilis, but the patient suffers from mercurialization, etc., just as after the "curing" of gonorrhœa by astringent injections. The great mass of affections of the glands and internal mucous membranes, stomach, intestines, and lungs follow after the "curing" [*à la Hebra*] of the different skin diseases.

Homœopathy, as we know, is able to cure in reality all diseases of the skin. I refer here to the beautiful cure of the most obstinate forms of psoriasis with Arsenicum<sup>3</sup>, reported in the *Revue Hom. Belge*, and in other cases by internal remedies alone in every potency. Knowing, moreover, the injurious effects of the smearing method of Hebra, we cannot long remain in doubt as to which school of medicine can the better cure diseases of the skin. While Homœopathy possesses in Arsenicum, Graphites, Calcarea, Sulphur, etc., the true curative agents for the cure of an entire army of skin diseases, it is absurd to examine the measures employed by the old school. We find that Nuna mentions oils, liniments, carbo-hydrates, salves of grease and tallow, plasters of farina and vasoline, of dextrine and oxide of zinc, of gum, of lead. He smears his patient with glyceroles containing ten grammes of oxide of zinc; he uses also washes, powders, baths, and soaps. To what an irrational point of view a man like Nuna may reach is seen by what we have mentioned of his internal and external medicines for eczema, which he also calls *chemical* remedies. Quicksilver, Iodine, and Sulphur are classed with preparations of tar and ichtyol carbolic acid, naphthol, and green soap.

This representative of modern dermatology naïvely sums up his various expedients with the words, "Speaking from the experience of myself and others, I can commend only the following six remedies for internal medication: Calomel, Codliver oil, Arsenic, Sulphate of Lime, Antimony, and Pilocarpin." These remedies are not strangers to us. Arsenic is no more a stranger to us than the Sulphate of Lime, which we know under the more familiar name of Hepar sulphate. It cures many cases of eczematous eruptions and many kinds of ulcers.

The iodine of the codliver oils is not unimportant to us; in its compounds of Kali-iodatum and Arsenicum iodatum, it is a remarkably powerful remedy for phagedenic lupus and ulcers with an acrid corrosive secretion. Ferrum iodatum like Iodine itself is employed with great success. The old school have also employed Iodoform, with, as they claim, success, in ulcers on the legs. Iodoform, like Cocaine and others, are at present fashionable, like some street ballads, and other popular things which come and go—ephemera they are called. It sounds like a joke to mention Calomel among his great specific remedies for eczema, as if there were no better preparations of Quicksilver than Calomel. There is, for example, the red precipitate, Hydrargyrum oxydatum rubrum, which Lutz called the purest preparation of Mercury, and the best adapted for trituration and potentization. Mercurius solubis deserves preference to Calomel.



Let us return to the principal point. We believe firmly in a total condemnation of the theory which prevails in the old school that skin diseases in general and eczema in particular are only of local significance. On the contrary, a part of them, at least, are as inseparable from the organism as the blossom is from the tree. Yea, more, they represent a critical effort of the healing powers of nature, the suppression of which is a defilement of the vitality.

## ANALYTIC STUDY.

<p>CAUSTICUM,</p> <p>&gt; Warm air and damp, wet weather.</p> <p>&lt; P. M. and cold air.</p> <p>△ Phosph.</p>	<p>PARESIS or PARALYSIS, motor. (Single nerve.)</p>	<p><i>Face</i>.—Semilateral, with sensation of tightness and pain in the jaws, rendering very difficult to open the mouth or to eat.</p> <p><i>Tongue</i>.—Stuttering, indistinct speech; speechlessness.</p> <p><i>Upper eyelid</i> (oculo-motor nerve).—Ptosis.</p> <p><i>Larynx</i>—<i>Aphonia</i>—Weak voice (in singers and speakers). The muscles refuse to act on account of utter weakness. The voice cannot be raised; it fails, or becomes a squeak.</p> <p><i>Bladder</i> (sphincter).—From long retention. In children who pass urine unconsciously during first sleep. <i>Dribbling of urine while sneezing, blowing the nose, or coughing.</i> (Thuja.)</p> <p><i>Rectum</i> (muscular fibres). Inactivity, from weakness; ineffectual urgings, with much pain, anxiety, and redness of face; only while standing is able to pass the stool. (Verified.)</p> <p><i>One side of body</i> (hemiplagia).—After cerebral hemorrhage or softening: right or left side; tension and softening of muscles; dull drawing, or bruised pain in the coccygeal region.</p> <p><i>Deltoid</i>.—Cannot raise hand to head.</p> <p><i>Epilepsia</i>.—Recent cases. During time of puberty; &lt; during new moon; cold water brings the paroxysm on again; he drenches himself with urine during the spasm.</p> <p><i>Chorea</i>.—Convulsive movements, with distortion of the eyes; right side of face and tongue may be paralyzed.</p> <p><i>Convulsions</i>.—With screams, gnashing of teeth, and violent movements of the body. During the attack the urine flows copiously and involuntary.</p> <p><i>Rheumatism and Arthritis</i>.—Contraction of flexors and stiffness of joints (Guayac); in the articulation of the jaws; numbness of the parts; pains drawing and tearing; at night cannot lie still a minute; part laid on feels bruised (Arn, Bapt.); paralytic weakness, and trembling of limbs; sour-smelling night-sweats (Sil). <i>Arthritis deformans</i>.</p>
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CATARRHS, <i>Laryngo-tracheal</i>	{ <i>Hoarseness</i> .—Scraping; rawness of throat and chest. <i>Aphonia</i> .—Sudden loss of voice on taking cold; cannot speak a loud word. <i>Cough</i> .—dry, hoarse, with adhering mucus in chest, > by a swallow of cold water; no power to hawk up or spit out the phlegm (paresis); <i>every fit of cough causes dribbling of urine</i> ; burning soreness in a stripe down under the sternum.
COLIC,	{ <i>Flatulent or Menstrual</i> .—Must bend double (Coloc.) < after the least food, or from tight clothes; painful distention; loud rumbling.
WARTS,	{ <i>Location</i> .—Face, nose, eyelids, arms. <i>Nature</i> .—Old; large; inflamed; ulcerated; painful.

In the synopsis of *Causticum*, given above, I have endeavored to embrace all that every student of materia medica should know about this antipsoric in order to make an appropriate use of it, and, although its therapeutical individuality rests principally upon the knowledge of this summary, a few words on its general action will undoubtedly serve to better understand and retain its distinctive feature.

*Causticum Hahnemanni* (not Kali Causticum) is a drug the exact constituents of which are not known. Dr. Black thinks it is a weak solution of *potassic hydrate*. But, though deficient as to the knowledge of its nature, its value as a remedy has been well established by clinical experience. In the high potencies especially it has done a mighty work, by bringing relief to many a victim of disease.

So as in *Arsenicum* we look for the *irritability of fibre* as a prime indication. In *Causticum* it is the *paralytic weakness* which furnishes us the leading characteristic, showing plainly the origin of the drug. True enough, *Causticum*, like *Arsenicum* and *Rhus tox.*, exhibits marked signs of restlessness, but these are usually present in rheumatic and arthritic affections and invariably occur at night, giving no positive relief. On the other hand, the *paralytic weakness* seems to be an almost constant expression of *Causticum*. Even in the lower bowels we find evidences of this weakness, for there is fecal accumulation, with inability to expel it. The efforts producing (especially in children) much pain, anxiety, and redness of the face. And, as Dr. Farrington so well observed, "*this paresis is further illustrated in scrofulous children, who totter and fall while walking.*"

Now, if in addition to this we study the *Causticum* patient, we cannot fail to form a correct estimate of the use of this important drug. *Fear* is the leading mental condition, but *melancholy*, *sorrow*, *weeping*,  *vexation*, *irritability of mind*, and *anger*, with *scolding*, are also phenomena of *Causticum*. This fear is not the fear of death of *Aconite* or *Arsenicum*, nor the fear of losing the senses of *Calc. ost.*, but an *apprehension of evil*, day and night, which makes the patient anxious and low-spirited. She is especially *afraid at night in the dark*, and if a child, does not want to go to bed alone. When closing the eyes terrible images and distorted human faces appear before him. The *melancholy* and *sorrow* leave a marked impress upon the face; the former is such that she looks on the dark side of everything, the latter is usually attended by weeping, reminding us of *Pulsatilla*. *Vexed*, *irritable mood*, and attacks of *anger*, with *scolding*, are likewise conditions indicative of *Causticum*.

As indications of *Causticum* we must also remember—that injuries which had healed become sore again—that during lactancy the milk often disappears in consequence of over-fatigue, night-watching, care, or anxiety;—that during the menses no blood is passed at night (*Bovista* only at night), and after their cessation a little blood is passed from time to time for many days, which smells bad,—and that *Causticum* is especially suitable to subjects with dark hair and rigid fibre, and to children with delicate skin.

In regard to *relationship* with other drugs we find *Causticum* antidoted by *Coffea*, *Coloc.*, *Spir. nitr. dulc.*, and *Nux. vom.*—frequently suitable before *Sepia* and *Stann.*—and bearing an inimical or antagonistic relation to *Phosph.* In colics *Causticum* follows *Coloc.*, acting as its complementary.

711 Pine Street.

EDWARD FORNIAS.

## PROCEEDINGS OF THE NEW YORK HOMOEOPATHIC UNION.

The meeting was called to order by President Bayard at 8.30 P. M., May 17th.

The minutes of the previous meeting were read and approved. Referring to Dr. Butler's suggestion that a more careful study of Pathological Anatomy, with reference to drug action, might give us valuable indications for drug application, Dr. P. P. Wells said he who prescribes from a pathological standpoint



places his trust in a stool which, so far as the knowledge of the prescriber was concerned, had but one leg. The knowledge of the diseased condition is his, or often, perhaps, some one's *theory* of that condition, but where was he to find drugs which had produced the many tissue changes met in practice?

Dr. Butler thought that such tissue changes might furnish us with valuable indications therapeutically, obtained as the result of toxic doses of the drug or of clinical observations; but these would ever be secondary to the subjective symptom.

Dr. Thomson agreed with Dr. Wells, and believed Dr. Butler's position to be untenable.

The Secretary then read Section V of the *Organon* from the Stratton translation.

Dr. Eaton read the same, in comparison, from Wesselhœft's translation, and Dr. Fincke read his own translation, as follows:

"As aids to healing serve to the physician the data of the most probable *occasioning* of the acute disease, as also the most significant moments of the whole history of the chronic sickness, in order to find out the *original cause* which mostly depends upon a chronic miasm, whereby the cognizable constitution of the (especially chronic) patient, his emotional and mental character, his occupations, his mode of living and his habits, his public and domestic relations, his age and his sexual functions, etc., have to be taken into consideration."

Dr. Thomson.—Is not the chronic miasm a secondary cause, derived from our ancestors, perhaps, not a true cause?

Dr. Fincke.—One cause. The cause is "that which lies at the bottom."

Section VI reads: "The unprejudiced observer, he knows the nullity of supersensual speculations, which cannot be proven by experience, even if he be the most acute, in each single disease perceives nothing but variations of the state of body and mind, cognizable externally by the senses, *disease signs, incidents, symptoms, i. e.*, deviations from the healthy previous state of the now sick, which he himself feels, which the bystanders perceive in him, and which the physician observes on him. All these cognizable signs represent the disease in its whole compass, *i. e.*, they together constitute the true and only thinkable form of the disease. (1) Hence I do not know how it was possible, that without carefully observing the symptoms and following them in the cure, they fell upon the idea to be driven to seek and to be enabled to find for that what was to be healed in the disease, only in the obscure and indescernible interior, under the bragging and ridiculous pretention to be able to perceive the changes

in the indescernible interior without paying particular attention to the symptoms, and to set them in order again with (unknown) remedies, and to call such a proceeding the only means to cure thoroughly and rationally. Is not, for the healing artist, that what by the senses is cognizable by signs in disease, the disease itself? Since he never can see the spiritual being which creates the disease, the life force, and never even need see her, but only her morbid actions in order to heal the disease accordingly. Why, besides, does the old school want to find out a *prima causa morbi* in the hidden interior, but in turn does reject and superciliously despise as objects of healing the sensually and distinctly perceivable representation of the disease, the symptoms which speak to us audibly? What else does he want to cure, if not these?"\*

Dr. Wells wished to emphasize the fact that our only knowledge therapeutically of disease was its perceptible symptoms and to take exception to speaking of disease as an entity—as anything but these perceptible phenomena. "It is misleading and untrue."

Dr. Bayard.—Hahnemann was a simple vitalist. Harmony in vital action is health—variation in vital harmonies is disease. Section VII was next read, Dr. Fincke's translation :

"Since, then, in disease, from which no evidently occasioning and sustaining cause (*causa occasionalis*) is to be removed. (1) Nothing else can be perceived than the disease signs, therefore, with regard to possible miasm and under observation of the concomitant circumstances (Sec. V), it must be only the symptom by which the disease claims the medicine suited for its help and by which it is able to point it out, therefore, the complex of these her symptoms, *this picture, reflecting outwardly the internal essence of the disease, i. e., the suffering of the life force*, must be the main and only object by which the disease can indicate the remedy needed—the only point which can decide the selection of the most appropriate remedy—therefore, in one word, the complex of the symptoms. (2) For the healing artist, must be the main and only point which in every case of disease he has to discern and which he has to *take away* by his art, so that it be healed and converted into health.

"(1) It is self-understood that every sensible physician will

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\*The physician, searching for the hidden relations in the interior of the organism can err daily; but the homœopathician, in taking up the total group of symptoms with the necessary care, has a true guide, and if he succeeds in removing the whole group of symptoms, he surely has also removed the interior hidden cause of the disease.—Rau. l. c. p. 103.

remove these at first, then the indisposition usually ceases by itself. He will remove from the room the strong-smelling flowers which excite fainting and hysterical conditions, he will draw the splinter out of the cornea which excites ophthalmia, he will loosen the too tight bandage threatening mortification and put it on more suitably, he will lay bare and tie up the wounded artery which induces syncope, he will try to expell the swallowed berries of Belladonna, etc., by vomiting, he will extract the foreign bodies which have come in the openings of the body (nose, pharynx, ears, urethra, rectum, vagina), he will crush the stone in the bladder, he will open the imperforate anus of the new-born child, etc.

"(2) At all times the old school in diseases has tried to combat or if possible to suppress a single one of the many symptoms of medicine, a *onesidness*, which under the name, *symptomatic method of cure*, has justly excited universal contempt, because not only nothing is gained by it, but also much is spoiled. A single one of the present symptoms is as little the disease itself as a single foot is the man himself. This method was the more objectionable since they treated such a single symptom only by an opposite remedy (hence, only enantiopathically and palliatively), and thereby after a short relief is afterward much more aggravated."

Dr. Bayard—That note is sound; a palliative is a cloak.

Dr. Wells—Yes, and the cloak don't cover the palliative, don't palliate.

Dr. Fincke next presented a paper on "Hahnemann's Life Force." This paper, which showed great diligence of research and intimate acquaintance with "The Master's" writings, was received with applause.

Dr. Butler innocently remarked that he didn't know what a "spirit" was. This precipitated a long metaphysical discussion which your Secretary acknowledges himself wholly unable to report.

Dr. Carlton called attention to Hahnemann's note to Section VII regarding single symptoms as a basis for a prescription. He thought it evident that Hahnemann did not approve of prescribing upon the single symptom, even though a characteristic—a "key-note."

Dr. Wells—Such prescribing will sometimes cure acute, but never chronic cases.

Dr. Fincke wished to know if, while treating a chronic case an acute disease, *e. g.*, malaria, should develop, he should turn



to the treatment of the acute trouble and ignore the chronic disease?

Dr. Wells—No, look at your patient anew, get, if possible, the remedy which covers the symptoms of both the acute and the chronic disease (and such drug can almost always be found); give it in a low potency, so Dr. Hering advised, and you will cure both diseases—your patient, in other words.

Dr. Smith asked why the low potency was to be chosen.

Dr. Wells—That was Hering's advice, those were his views when I conversed with him on this subject more than fifty years ago. Whether he modified them in later years I do not know.

Dr. Bayard said that many of us had modified the views of our younger years. He thought Dr. Hering had done so in this respect.

Dr. Miller said that his experience was not in accord with such recommendation.

Dr. Bayard advised "prescribe at the right time when possible, and in the right direction. If, for example, your patient presents a history of syphilis be sure and recognize that as a factor in the case."

On account of the I. H. A. meeting in June, adjournment was had, on motion of Dr. Carlton, for two months.

Present, Drs. Eaton, Finch, Thomson, Close, Van Evera, S. N. Smith, Cameron, Spottiswoode, Myers, Carlton, Williams, Knudsen, Howard, Bedell, Deschere, Palmer, P. P. Wells, E. Bayard, B. Fincke.

CLARENCE WILLARD BUTLER, *Secretary*.

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## PROCEEDINGS OF THE SYRACUSE HAHNEMANNIAN CLUB.

### I.

At the regular meeting of the Syracuse Hahnemannian Club, held May 25th, were present Drs. Hawley, Hooker, A. B. Kinne, Leggett, Robinson, Sheldon, Schumacher, and True.

Paragraphs 28 to 30, inclusive, of the *Organon* were read.

Dr. Hawley—I would like to ask how this theory (Hahnemann states it as such) differs from the allopathic theory, that no two diseases can exist in the system at the same time? The aim is to produce a drug disease which kills the natural disease, and is then itself extinguished by the reaction of the vital force, thus having the system in a state of health.

Dr. Sheldon—Did not Hahnemann refer only to acute diseases?

Dr. Leggett—Does not an acute disease cause a suspension of the symptoms of a chronic disease?

Paragraphs 31 and 32 were then read.

Dr. Hawley—If these forces did attack the health unconditionally and we should have an epidemic of cholera there would not be many of us left. This predisposing cause must be present.

Paragraph 32 was then read.

Dr. Hawley—If this were not true there would be no ground for practicing homœopathically, for there might now and then a man be found that drugs would not make sick.

Paragraph 33 was then read, and the discussion of it led to the question of prophylaxis.

Dr. Hawley—Had two cases of scarlet fever in a family where there were four other children, but there were only the two cases; also, had a case in another family where no other member of the family took it, although no prophylactic was given. I don't see how the efficacy of a prophylactic, as Bell, can be proven. I have not seen but one case of Belladonna scarlet fever in twenty years.

Dr. Hooker—If the indicated remedy be given in a case of scarlet fever, does not that render the disease non-contagious, so far as that particular case is concerned?

Dr. Leggett—Dr. Kent holds that a disease becomes non-contagious as soon as the simillimum is given.

Dr. Kinne—If there is any prophylactic it must be found in the scales taken during desquamation and triturated with Sacch. lac.

Dr. Sheldon—In one family one child had scarlet fever, and another, who was given Bell.<sup>6x</sup>, night and morning, did not have it for six weeks, when it developed and ran its course.

Dr. Hawley—I have not given a prophylactic for thirty years, and hold that no remedy is prophylactic against any disease.

Dr. Hooker—If it were not so the theory of "specifics" would be true.

The Club then proceeded to the discussion of Mercurius.

Dr. True—Recently got an aggravation in a case of syphilis. There was pain in the testicles and groins; corroding ulcer at the meatus; headache; aggravation at night, with fearful bone pains. Merc.-sol.<sup>30</sup> aggravated, being in doubt the 3x was given, which increased the aggravation. Stillingia  $\theta$  cured.

Dr. Hawley—CASE.—Woman aged sixty had a fever when

young ; received one large dose of Mercury ; was salivated, and lost all her hair and her eyebrows. Have never been able to afford her more than temporary relief. She cannot live in an ordinary temperature nor bear the least air, yet she sweats profusely all the time.

Dr. True—Saw a young man who had been mercurialized during typhoid fever. All his joints were ankylosed and his bowels constipated. Aur. removed the constipation, but the ankylosis remains.

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At the regular meeting of the Syracuse Hahnemannian Club, held June 8th, were present Drs. Hawley, Brewster, A. B. Kinne, and Hooker.

Dr. J. C. Jackson was admitted to membership.

Paragraphs 34 to 40, inclusive, of the *Organon* were read.

Dr. Hawley—Drugs are the most terrible sick-making agents we know anything about. Miasms cannot compare with them. Give every man, woman, and child in this city a good dose of Ipecac. powder and all would be sick, while if all were exposed to marsh miasm or small-pox all would not be sick. At the Soldiers' Rest I had twenty-four cases of typhoid and three deaths, while the allopaths had four cases and three deaths.

The allopathic death-rate in pneumonia is twenty-five per cent., expectant death-rate six per cent., and homœopathic death-rate four to five per cent.

The Club then proceeded to the discussion of water.

Dr. Hawley—Drugs, crude, should be dissolved in Aqua dist., after which potencies may be made with ordinary water, inasmuch as the impurities of the water are not potentized. Have seen good results from the water treatment, and always allow water in any case of disease where there is a desire for it. All methods of treatment that are repugnant to the patient should be avoided.

CASE.—Measles ; patient very sick ; no eruption had appeared. By doctor's orders he was refused water, but when no one was watching him he got out of bed and crawled four rods to a spring, where he drank freely, and then started to crawl back, but fainted. When found he was as red as a boiled lobster, and made a good recovery.

CASE.—Cholera ; patient in collapse ; no water allowed. Patient asked for water, drank all he wanted and got well.

CASE.—Cholera ; patient in collapse ; cold surface ; pulseless ; vomiting ; could not retain medicine. Patient called for water, which he vomited at first, but was soon able to retain. A cold



compress was applied to the abdomen, and the patient made a good recovery.

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At regular meeting, held June 15th, were present Drs. Seward, Hawley, Schumacher, Hooker, and Jackson.

Paragraphs 41 to 46, inclusive, of the *Organon* were read and discussed.

Dr. Seward (paragraph 41)—Cases of mercurialization are the worst we meet.

Dr. Hawley—I believe that the mercurial cachexia is never cured.

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At the regular meeting, held June 22d, were present Drs. Candee, Schumacher, Robinson, Hooker, Sheldon, and Jackson.

Dr. Schumacher read a paper on Lachesis, and cited the following cases of cure :

CASE.—A middle-aged lady had a varicose ulcer; severe burning pain; dark red edges, not disposed to heal. Ars. no relief; Lach.<sup>30</sup> pain gone in a week, and the ulcer healed.

CASE.—A farmer, aged sixty, pressive pain in stomach, relieved by eating. Lach. cured.

Dr. Hooker—Case of scarlatina in a child seven years. Pulse, 160, weak, irregular; temperature, 104°; epistaxis of dark blood; throat much inflamed and swollen; glands on left side much tumefied; pain on swallowing, extending to ear; left tonsil covered with false membrane; tendency to right side; aggravation after sleep; eruption fully developed. Lach.<sup>30</sup> cured in a few days, and relieved immediately.

CASE.—Tonsillitis. Patient usually had several attacks during the winter, almost invariably had the tonsil lanced. Throat much swollen; worse on left side; glands much swollen. Mere-sol., some relief, but the local symptoms soon became aggravated, and there was a tendency of inflammation to right side; and it seemed impossible to prevent the abscess on the left side from breaking. Lach.<sup>30</sup> caused resolution, and he had no more attacks during the winter.

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At the regular meeting, held June 29th, were present Drs. True, Robinson, Schumacher, and Hooker.

Dr. True—The first dose of Verat-alb. I ever gave was to a woman with colic after eating ice-cream. She had violent colic, cold extremities, and cold sweat. Verat-alb., one dose, cured. I consider cold sweat, especially on the face, as characteristic of Verat-alb. The color of the stools is not so important, if they

are profuse, watery, attended with prostration, cold extremities, and cold sweat. I do not believe it indicated without the cold sweat.

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At the regular meeting, held July 6th, were present Drs. Brewster, Hawley, Sheldon, True, Hooker, Robinson, Schumacher, Leggett, and Dr. Geo. R. Barnes, of Brooklyn.

Dr. Robinson was appointed Chairman *pro tem.*, and called the meeting to order at 8.45.

On motion of Dr. True, the Club voted to so amend the Constitution as to admit of the election of a Vice-President.

Dr. Robinson was nominated for Vice-President, but withdrew in favor of Dr. True, who was then unanimously elected. Paragraphs 47 and 48 of the *Organon* were read.

Dr. True—I wish Dr. Hawley would make it clear how drugs act.

Dr. Hawley—To understand Homœopathy we must learn to appreciate the fact that the *invisible is the real*—call it life or what you will. We call it vital force, and this force is liable to be turned out of its normal course by inimical forces, as invisible and intangible as itself. This latter force can only be detached from the vital force by some other force *similar* to it. Hence, when we find a man sick, we seek to find that similar force.

We study our drugs by experiments on the healthy, because in the sick the symptoms of drugs and disease are inextricably mixed.

The allopaths cannot see the aggravation from their large doses, because they do not know the pure symptoms of drugs. *Homœopaths* do not treat the name of a disease but the totality of the symptoms.

Old Dr. Biegler, of Albany, once met in consultation three or four of the best allopaths in the city. When asked to name the disease, he replied: "Stannum?" In relaxed conditions of the bowels the allopaths give a cathartic to "alter the secretions," and following it with Opium, think that the Opium cured, whereas it was the cathartic.

Dr. True—I will ask Dr. Hawley if he considers a teaspoonful of Castor oil homœopathic to diarrhœa?

Dr. Hawley—I consider that it may be homœopathic, but Dr. Hawley wouldn't give it.

Dr. True—I will ask Dr. Leggett to explain the term "sick sensitive?"

Dr. Leggett—Where there is a deep-seated miasm the patient is more susceptible to drugs and to outside influences than he

would be were it not for the miasm, and this sensitiveness is in proportion to the depth of the miasm.

Dr. Hawley—I question whether a person in perfect health would be affected by potencies at all.

Adjourned to July 13th.

FREDERICK HOOKER, *Secretary*.

## PROCEEDINGS OF THE ROCHESTER HAHNEMANN SOCIETY.

The regular monthly meeting of the Rochester Hahnemann Society was called to order at the office of Dr. J. A. Biegler, by the President, Dr. Grant.

Members present, Drs. Grant, Schmitt, Biegler, Carr, Hoard, and Baker. Dr. Brownell, of this city, was present as a visitor.

Sections 146 to 156 of the *Organon* were read by the Secretary, with the following discussion :

Dr. Biegler—One of the best lessons in the section read is the injunction to grasp the peculiar symptoms. Often in cases where we get such general indications as fatigue, sleeplessness, etc., we will find among them some peculiar symptom. Every day I meet peculiar symptoms ; for instance, a peculiar symptom would be thirst during chill. Unless you have your mind on the case you will miss them.

Dr. Schmitt—I would like Dr. Brownell to give us notes of a case he treated which I think illustrates this point.

Dr. Brownell—It is a case of acute articular rheumatism, in a man of light hair and eyes, and a peculiar red face. I do not remember all the symptoms, but will give what I can. This man was taken sick with pain in every joint, very severe and ugly, and very restless. *Rhus tox.*<sup>cm</sup>, one dose ; not much improved under this remedy. After this he received *Bry.*<sup>cm</sup>, one dose ; then I noticed *he kept trying to brush a hair off of his face* ; this was very marked ; he had a toothbrush tied on a stick so he might use it to brush his face. I mentioned the case to Dr. Grant, and he recommended Graphites. I also looked the case up with Dr. Schmitt, and we found Borax, Phos-ac., Baryta, Ran-scel., and Graphites had the symptom, but Graphites covered the case. One dose of the CM cured the case in twenty-four hours.



Dr. Schmitt—A short time ago I had a patient who had a peculiar symptom that I have verified a number of times, but cannot tell where I found it. The case was that of a child four years of age, that an allopath had been treating for diphtheria. I found the child under the influence of Opium, fever, delirium, jerked in its sleep, vomiting. I looked into the throat, but could not see any membrane. Diagnosis, unknown disease, mixed up with allopathic drugs, was what I told the mother. Belladonna was given; the chief reason it being an antidote to Opium. After the dose the child slept at night; next day better. Fever came on at eleven A. M.; gave another dose, as I thought one was not enough to antidote the large amount of Opium the child had received, and left a second dose to give if not better in the night; the next day the fever came on at eleven A. M. again, then this peculiar symptom came up, *she wanted to sleep with her hands up over the head*, which the mother informed me was new for her; there was also thirst for small quantities and often; involuntary stool, like chocolate. Ars.<sup>cm</sup> finished the case. Verat-alb. has this symptom also.

Dr. Biegler—I do not like to give a remedy before a sickness of any kind, as the menses, etc. I wait until all is over, then give my remedy. If I know of a fever coming on I wait until it is past. I believe this is the best plan, for you get less aggravation, and you will oftener get through with one dose if you wait until after the aggravation.

Dr. Schmitt—I often give Belladonna in the afternoon.

Dr. Biegler—If I cannot give Belladonna in the morning, I wait until after four P. M.

Dr. V. A. Hoard, the essayist of the evening, read his paper:

GENTLEMEN:—I will report a case illustrating the efficiency of potentized remedies in opium eaters.

Mrs. M——, aged sixty-one years, has always been in poor health. Twenty years ago an old-school physician prescribed Morphine for dysmenorrhœa, this was the beginning of the habit of which she is now a victim, and is taking one drachm of Morphine a week, or about eight and one-half grains per day. She was taken, in the evening, with a sudden attack of what she called an indescribable pain in the pit of the stomach, which radiated from there all over the body. Unquenchable thirst; water is vomited as soon as reaching the stomach. Paroxysms of violent retching and vomiting. Vertigo, prostration; small, weak pulse; cold sweat on face; body cold and dry; features

drawn and all the symptoms of collapse; bowels undisturbed at first, but after two days a painter's diarrhœa; mouth very sore and great soreness and burning in the epigastric region.

In prescribing, the question arose in my mind, whether a higher potency would act beneficially, or would it be necessary to give the crude drug. It was evident that some active measure should be taken at once.

She was taking such enormous quantities of Morphine daily, that palliation by that was out of the question, even had I been so disposed. I gave her Arsenicum<sup>30</sup>, called the next morning and found no improvement; then changed to Phos., called again in the evening and found her condition unchanged; then gave her Bismuth<sup>30</sup>. After the second powder the vomiting became less frequent, and when I saw her the next morning had almost ceased, and the pain had changed to a dull ache which disappeared by the third day. It was with considerable hesitation that I prescribed as I did, but on thinking of the successful prescriptions that are made, daily, to persons who are accustomed to the use of some drug, as tea, coffee, cocoa, or more particularly tobacco, and that the primary action of all of these, including Morphine, is diminished by their habitual use, it would seem that nature adapts herself to this abnormal condition for a time, and the functions of the body are performed in a seemingly normal manner, but sooner or later nature asserts herself, and the nerves, which before have been soothed and quieted, become irritable and render life miserable. Such I believe to have been the case with this woman. Professor T. F. Allen, in a series of lectures on the above-mentioned drugs, said that he believed that many of the potentized remedies would act beneficially when prepared in coffee or given to persons who were in the habit of using it. In speaking of tobacco, he reported a case of seasickness cured by Tobacco<sup>200</sup> in a person who had been an inveterate smoker for years. Another point illustrated in this case, is that Homœopathy as a school and we as physicians, can never be held accountable for causing a habit which brings so much of suffering and misery.

DISCUSSION.—Dr. Biegler—Did she get over the Morphine habit?

Dr. Hoard—No.

Dr. Schmitt—Did she have the cold sweat on the face when you gave Bismuth?

Dr. Hoard—Yes.

Dr. Schmitt—It is new to me that Bismuth has that symptom.

Dr. Grant—I had a case from allopathic hands, was sent for at nine P. M., found a case of gall-stone colic. The physician in charge had given Morphine for some hours without relief. They sent to druggist for one-quarter grain pills of Morphine, one every half hour; grew worse; no sleep or thought of sleep; *there was a cutting pain, shooting up into the chest; had awakened first at four A. M. with the pain; at four P. M. was decidedly worse; swing-like motion of alæ nasi.* Lyc.<sup>2c</sup>, one dose, and S. L.

Next morning quiet, better, but sore and weak. In fifteen minutes after the dose of Lycopodium the pain was gone, and before the next dose of Sac. lac. went to sleep. There is a question in the case whether the stone passed and relieved the pain or that the remedy should receive the credit, or that whether the Morphine had anything to do with the relief.

Dr. Biegler—I will give you the case of a lady I saw last Sunday morning, and there was no Morphine used in this case.

It is the case of renal colic in a lady who has a chronic nephritis, a bad subject to relieve. I saw her first about eleven A. M. not expecting to find very much the matter with her, but as I went into the house, I could hear her cry from the intense pain, that I learned she had suffered with for four hours. She was running about the room, could not keep still. It was a hot day, but she told me to keep the door shut, could not bear cold air, and the room was very hot and close. Her son, a recent graduate of the University of Pennsylvania, arrived home that morning. His diagnosis was suppressed menses. I told him to never mind the name at present. We should have three legs to our stool when we prescribe. Here we had—*Severe pain in region of kidney and bladder; desire to urinate, but could not; desire to eructate gas, but could not; pain on right side and worse from cold air.* Lyc.<sup>mm</sup>, one dose on the tongue; in fifteen to twenty minutes felt better; in one-half hour was running about again; did nothing, but allowed the son to give Sac. lac. often. In one hour after the dose, I informed her I wished to make a local examination. My object was to see if she could lie down. In the meantime she began to eructate, and urinated; was satisfied to lie down on right side, could not on the left. I then dissolved a dose of Lyc. in four teaspoonfuls of water, one teaspoonful to be given in two or three hours if pain returned.

Her son reported in the afternoon, that just after I left she had a spasm, which lasted about ten minutes. After this she grew better, and to-day is quiet and doing well on the one dose.



Moved and seconded this paper be accepted and published in  
THE HOMŒOPATHIC PHYSICIAN.

Dr. Carr was appointed essayist.

Adjourned to Dr. Schmitt's office, third Tuesday in July.

W. H. BAKER, *Secretary*.

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## IN MEMORIAM.

### AD. FELLGER, M. D.

Adolphus Fellger, M. D., who died on the 19th inst., was born June 14th, 1821, in Gmünd, Wurtemberg, Germany, his parents removing soon after his birth to Stuttgart. In his fifth year he entered the Latin school, having been previously instructed to read and write by a private teacher at home.

Having passed through all his classes, he entered upon the study of medicine under the highly distinguished Dr. Fred. von Hahn. For three years he assisted him in his operations in his surgical clinics, and in his private practice. After passing his examination he attended Paulus College, near Stuttgart, to hear philosophical and philological lectures. He then, although the youngest of thirty-nine candidates, of whom only six were accepted, passed the military surgical examination as first in the class. A few weeks afterward he entered the army as surgeon; becoming during the following winter prosector of anatomy.

He remained in active service for three years, when he took an indefinite leave of absence.

He had then attended medical lectures for six years, witnessing, during that time, the treatment of almost every disease by the most eminent physicians.

By these experiences he suffered such a change in his former high estimate of medical science, that he would have abandoned his profession had he not met with Hahnemann's *Organon*, and witnessed a number of successful cures by means of the homœopathic law, as expounded by that great master of medical science.

He then began to study, with great delight, the works of Hahnemann and other homœopathic physicians, and gradually exchanged the treatment of the old system for that of the new.

After spending two years at the Universities of Tübingen, Zurich, and Strasbourg, he came to this country in 1847.

His life here was a busy one. During the first five years he

made a zoological collection, which was presented to the Royal Polytechnic School of Stuttgart. During the late war he was appointed by the German Government to make a report on the military hospitals, for which he received a decoration from the late Emperor William.

Only those who were personally acquainted with Dr. Fellger could fully appreciate his attainments as a man and physician. For he seldom gave to the medical world, through writing, the benefit of his vast experience and his philosophical mind. But what he has written is characterized by profound thought, and shows at once the master's hand.

The practice of Homœopathy was to him a work of love, for he was a homœopathician from principle, and was always able to give the reasons for the "faith that was in him."

In his death our school has met a loss that will not soon be repaired.

GEO. H. CLARK.

July 23d, 1888.

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## RESOLUTIONS OF THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

A special meeting of the "*Hahnemannian Association of Pennsylvania*" was held in the Continental Hotel, Philadelphia, July 21st, to take action on the death of Dr. Adolphus Fellger.

The President, Dr. C. Carleton Smith, was in the chair, and opened the meeting with the following eulogistic address :

"Gentlemen, the sad occurrence which brings us together on this occasion forcibly reminds us that death is again busy within our ranks. The announcement of the demise of our friend and colleague, Dr. Adolphus Fellger, did not come to us as a surprise. And yet in this instance, as in all instances of a similar kind, death brings sorrow to the heart and casts about us its deep, overhanging shadow.

"The man we mourn to-day was one of the few staunch defenders of the homœopathic faith. One of the few who was true and faithful to the trust imposed upon him, even unto the end. Loyal to his convictions, which were deep and abiding, loving the truth for truth's sake, he passed from our midst, dropping dead at the post of duty and at the front of the battle, leaving behind him a name and a memory which will never die."

The following preamble and resolutions were presented by the Committee appointed for that purpose, consisting of Dr. C.

Carleton Smith, President ; Dr. John V. Allen, Dr. Walter M. James, Dr. E. J. Lee, Dr. Wm. Jefferson Guernsey, Dr. Mahlon Preston :

WHEREAS, This Association has learned, with sincere regret, that their late colleague, Dr. Adolphus Fellger, has been called to his rest. Therefore be it

*Resolved*, That this Association has lost an esteemed co-laborer, an able counselor, and a valued friend ; the profession has been deprived of one of the most learned of its number, and the public at large of a skillful and untiring servant.

*Resolved*, That a copy of these resolutions be transmitted to his family, and that they be published in the *Public Ledger* of this city, and in the medical journals.

After a general expression of regret on the part of all present, that so able and trusty a follower of Hahnemann should have been taken, the meeting adjourned.

WM. JEFFERSON GUERNSEY,  
*Secretary.*

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## IN MEMORIAM.

### MRS. STEPHEN SEWARD.

#### MEMORIAL RESOLUTIONS.

At a meeting of the Hahnemannian Club held last night, Drs. William A. Hawley, J. W. Sheldon, and E. J. Robinson, a committee appointed to prepare memorial resolutions on the death of Mrs. Stephen Seward, reported as follows:

WHEREAS, Death has suddenly entered the home of our valued associate and respected President, Dr. Stephen Seward, and taken away his faithful and much loved wife ; therefore

*Resolved*, That we extend to him and his family our cordial sympathy in this greatest earthly loss, and that in evidence of this sympathy we will together attend the funeral of Mrs. Seward. Be it further

*Resolved*, That this expression of our sympathy and regard shall be entered on our minutes, a copy thereof sent to the family and published in the daily papers and in THE HOMŒOPATHIC PHYSICIAN.

The resolutions were adopted.

The funeral was held on the afternoon of July 14th, and nearly all the active members of the Club were present.

FREDERICK HOOKER.

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## RHUS ANTIDOTES.

Considerable has been said of late in your journal about the antidotes for *Rhus-tox.*, *R. rad.* The subject is certainly very interesting, and especially so to one who lives in the vicinity of these plants. Comparing their pathogenesis, they are considered identical, or at least with so little difference that the *R. tox.* is used where either may be indicated. What real difference there may be is probably due to their habitat. We have on this coast: *R. tox.* (scarce), *R. venenata* (not common), *R. diversaloba* (quite common). Poisoning from this latter variety we are most frequently called upon to antidote. Experience has taught us that your Eastern *R. tox.* is its best antidote. Then the question comes to us, Why won't our plant (*R. diversaloba*) be a good antidote for your plant (*R. tox.*)?

While a plant may antidote itself, it seems to me suicidal to its individuality to do so. If the matter is looked into closely it may be found that a plant best antidotes its cognates.

I am aware that this will open a wide field for discussion, but such things must needs be in order to arrive at the truth. Drugs are supposed to maintain their own individuality, howsoever far they may be attenuated. (If it isn't *R. tox.* in the *cm.*, then how can you tell what it is?) If this is the case they cannot at any time become antidotal or antagonistic to themselves. The systems of psoric individuals frequently call for certain anti-psoric drugs. So often is this the case that we frequently speak of a Sulphur patient, a Calcarea patient, a Silicea patient, etc.

If any one of these patients should take any crude drug into his system it would produce or bring out the symptoms of the anti-psoric remedy peculiarly adapted to his system, *e. g.*, you doubtless have seen persons take a great deal of crude Sulphur without producing a single Sulphur symptom. He was not a Sulphur patient, and if you will observe closely you may find symptoms of China produced by the irritation of the Sulphur. How often have you seen little children that had taken lime in their milk without ever producing a single Calcarea symptom, while the child was bristling all over with symptoms of some other drug, brought out by the irritation of the crude Calcium. We are willing to admit that if the Sulphur patient takes crude Sulphur into his system, the symptoms produced will be Sulphur and Sulphur will relieve them.

The crude drug in these cases acts as a mechanical irritant, and not as a therapeutic agent that is capable of producing its own individual impression upon the system. In the case of the

poisonous plants it is the medicinal irritation instead of the mechanical that we have to deal with, hence a set of symptoms corresponding more nearly to the pathogenesis of the drug taken and the necessity for a direct antidote. This can best be obtained in two ways: first, by a knowledge of the poison met with; second, by an accurate knowledge of its antidotes. A knowledge of the botany of the poisonous plants in your neighborhood will give you a clue to the first, and experience with the antidotal property of your drugs will give you a clue to the second. Further, the plant in the field may be a variety of the same plant of which you have a tincture in your office, in which case you probably possess the means of relieving your patient. In other words, I think that when a doctor is giving *R. tox.*, supposing that he is antidoting *R. tox.*, he is simply mistaken as to the variety of the plant the poison is from which he is trying to neutralize. Hence, I think it necessary for physicians to be conversant with the botany of plants growing in their neighborhoods, and know certainly that they have a case of *Rhus tox.* poisoning before they report having cured it with that remedy.

JAMES T. MARTIN.

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### SOME RESPIRATORY SYMPTOMS.

*Puffing of the cheeks at each expiration.*—In reference to your question whether “the puffing of the cheeks at each expiration” be clinical or pathogenetic, I have not had leisure till to-day to refer to the *Reine Arzneimittellehre* of Hahnemann, so as to give you reliable information. You will find on reading *Cinchona*, symptom 361, “*Im schlafe erfolgt bald Schnarchendes Einathmen, bald blasendes (bustendes) Ausathmen.*”

This is clearly pathogenetic, and Hahnemann makes himself responsible for its accuracy.

It may further interest you to know, that on February 17th, (1877), I was called to see a lady, turned eighty years of age, who had been passing urine and fæces involuntarily for some days. She suddenly became comatose, in which condition she was at my visit; her limbs were flaccid, so that when raised they fell back to their former position, and remained perfectly useless. She was lying on her back, sliding down in bed, quite unconscious to pinching, but loud calling into her ears aroused some momentary consciousness; no intelligible answer to questions, however, could be elicited. Her face was intensely

flushed, and she was bathed in a profuse, hot perspiration; the lips blue-red, respiration labored, loud, and stertorous; but what was most marked among these fatal symptoms was *puffing blowing out of the cheeks at each expiration*. I told the family that, considering the great age of the patient, the case seemed to me to be hopeless. I dissolved five globules of *China* in a tumbler of water; one teaspoonful was given immediately, with directions that the dose should be repeated every twenty minutes. After the second dose there was manifest improvement, and after the third dose the patient opened her eyes and spoke. She made a rapid recovery, and is now in her usual health. The globules used had been moistened with a tincture of the 200th (Lehrman), which had been refilled with spirit many times, so that what the positive dilution may have been I could not tell. The limit, where a remedy loses its power, has yet to be ascertained. By the way, the various translations of this symptom of *Cinchona* are strangely inaccurate, seeing that it really means that "in sleep the inspirations are sometimes snoring, the expirations sometimes puffing."

The most accurate translation I have seen is that of Jourdain's rendering into French, "Pendant le Sommeil, tantôt il ronfle en aspirant, tantôt il souffle en expirant." The only other remedy I am acquainted with, having a similitude to the "puffing expiration," is *Plumbum*.

The symptom has been extracted from the valuable works of Zanquerel de Planche, under Coma of *Lead*. "He moves his lips as in smoking." I have had no opportunity of verifying this symptom of *Plumbum*.\*

*Moving up and down of larynx*.—With regard to the "up and down movement of the larynx," I know of no remedy corresponding to it, and have generally found it a sure sign of approaching dissolution; but on two or three occasions during a long experience I have had recoveries under *Lycopodium*, when given at the very beginning of the symptom. I would, however, speak cautiously on this matter, and not hazard anything positive until we have further experience on the point.

In regard to the *fan-like movement of the alæ nasi*, I have, up to this date, found it perfectly reliable as an indication; but I have seen practitioners on the point of losing their patients, as well as their courage, by neglecting to repeat the doses quickly when the urgency of the symptoms demanded frequent doses. Hahne-

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\*According to Dr. Berridge, Creosote has: "Breath quick and labored, puffing of cheeks and violent working of nostrils." He also states that Chloroform causes puffing of the cheeks when breathing. (*Vide The Organon*, vol. 2, p. 338.)



mann long ago pointed out that, when the symptoms were active, the action of the dose was quickly lost, and required frequent repetition. In the notes to his *Organon*, he tells us that in urgent cases of cholera the dose may be repeated every five minutes. I have repeatedly saved life by keeping these hints in remembrance. Many years ago I recollect Dr. Drury calling on me to say that he had a severe case of measles under his care, where *Lycopodium* failed, although the fan-like movement was present. He kindly allowed me to visit the case with him, and certainly the prospects were very hopeless; the thoracic wheezing was great, the countenance bloated through congestion and imperfect aeration of the blood; the fan-like motion was very rapid. I advised that a dose of *Lycopodium* should be repeated every fifteen minutes (instead of every two hours, as had been the case), and by the afternoon—our visit was in the forenoon—the child was safe and recovered. I should like to interrogate somewhat closely the reported failures where the fan-like motion is distinctly marked. (Extract from a letter of David Wilson, M. D., London, in *The Organon*, vol. 2, p. 339, *et seq.*)

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### BOOK NOTICES.

HOMŒOPATHY IN VENEREAL DISEASES. By Stephen Yeldham, L. R. C. P., Ed., M. R. C. S., Eng. Edited by Henry Wheeler, L. R. C. P., Lond., M. R. C. S., Eng. Fourth edition. London: E. Gould & Son; New York: Boericke & Tafel. 1888.

It is difficult for a homœopathist to understand the reason for the publication of such books as this monograph of Dr. Yeldham's. Its treatment of the pathology and clinical history of venereal diseases is brief and unsatisfactory, its discussion of therapeutic measures is even worse, being neither homœopathic nor allopathic. It is, in fact, a mixture which is useless to all. The book is neatly printed.

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### NOTES AND NOTICES.

ERRATUM.—In August issue, page 434, under Warts, painful as if sore, for *Lact.* read *Lach.*

FOR SALE.—“Pathological Anatomy, Pathology, and Physical Diagnosis.” A series of clinical reports, comprising the principal diseases, systematically arranged; 100 full-page illustrations on 100 pages of text. By Prof. J. A. Jeancon, M. D.; cost \$25; for sale cheap.

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“If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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EXPERIMENTS IN THERAPEUTICS.

Experiment is defined as “an operation to discover or prove some truth.” Experiments in therapeutics are therefore operations to discover or prove some truth in therapeutics. When, therefore, we read of homœopathic physicians “experimenting” with some drug, it is to be presumed they are trying to prove some therapeutic truth as regards the action of homœopathic medicines. Hahnemann has ably shown us how to make pure, inductive experiments with drugs; his demonstration of pure drug experiment is so forcible and so true that even the old school of medicine has adopted it to a great extent. It would seem entirely unnecessary, at this late day, to attempt any demonstration of the truth of Hahnemann’s teachings on this subject of drug experiment. He tells us so plainly that all drugs must be proven on healthy persons before they can be used to cure the sick; in this way we know *in advance of any clinical experiment* just what each proven drug is able to cure. This is the only pure experiment in regard to drug action of which we have any knowledge, and all other methods of drug experimentation are simply empirical, uncertain, and bring no one any useful information.

The truth of Hahnemann’s teaching on this subject of drug proving has been so completely proven by the united experience of both the homœopathic and allopathic schools of medicine that it would be simply insulting the intelligence of medical men to

attempt any further demonstration of it. These facts being acknowledged, is it not surprising that one should read from time to time of any physician's experimenting with an unproven remedy to see if it be not "good for" some disease? To use an unproven remedy is committing one sin; to prescribe any drug (proven or unproven) for a disease, *per se*, is committing another sin; in either case the so-called experimenter (being one who risks success on chance, gambler would be the better name) is totally disregarding the two basic facts upon which chiefly rests the system of homœopathic medical philosophy. These two facts are the proving of drugs upon the healthy and prescribing them for symptoms only.

In a recent volume of transactions of a certain society, we read of one physician who spoke highly of a remedy for "gangrene;" of others who discussed the value of a remedy, said to be good for "painful parturition." Many others have remedies for "chills," or for "diarrhœa," etc. Now, all these so-called experiments are entirely wrong, alike to the physician and to the profession at large. The physician who tries them learns nothing useful, and is in danger of getting into a careless routine method of prescribing. The discussion or the publication of any such experiments is very apt to lead astray some of the younger or less skillful physicians.

There are two methods of experimenting in therapeutics; the one is the old, fallacious method, tried in the old school since the days of Hippocrates, the clinical experiment; the other is the new, the true and the successful one, the pathogenetic, introduced by Hahnemann. It is to be hoped the homœopathic school is not going to retrograde and to return to the old empirical methods of Hippocrates!

There is another tendency, prevalent with some of the truest homœopathists, which is to be deprecated. This is a leniency exercised toward empirical experiments or prescriptions in which the higher potencies are used. Very many physicians are in this way disposed to credit and approve of any experiment if the medicine used be given in a CM or similar potency; whereas, had the drug been administered in a tincture, it is probable they would consider the practice "mongrel."

Hahnemann experimented with drugs in such a true fashion as to give the medical world its first and its only true *materia medica*. Every drug so experimented with added facts, useful, reliable facts, to the record of medical sciences. But can any one recall a single useful fact added by the clinical method of Hippocrates?



Let us not forget this parting warning of Constantine Hering, "If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."

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## THE EXAMINATION OF THE PATIENT FOR A HOMŒOPATHIC PRESCRIPTION.\*

P. P. WELLS, M. D., BROOKLYN, N. Y.

The first duty of the healer in his clinical office is to ascertain what there is in the present condition of the patient which he is expected to cure; to acquaint himself thoroughly with all the facts of the case, with all their concomitants. This duty is not only first in the order of proceeding, but is second to no other in importance in its relation to the issue of his labor. It is a *sine qua non* in every case of specific (*i. e.*, homœopathic) prescribing. Till this knowledge is obtained no other step can be taken, as all other and subsequent steps are based on this. It is this knowledge of the facts of the case which enables the prescriber to proceed from these to his materia medica and in the facts of this record to find the simillimum to the facts of the sickness. To search here for a curative of any case, without this prerequisite knowledge is to hunt in the dark for a simillimum to an unknown quantity. We speak here, of course, of prescribing under the guidance of the law of *similars*. Prescribing outside of this law, whatever may be arrogated to it by false claims of its "scientific" character, is only, and ever, mere guessing, and always guessing in the dark. There is no therapeutic light available to man except that which comes to him through this law. The arrogance and conceit of old physic only serve to blind the minds of its votaries, and delude them with the conviction that their guessing is, somehow, sanctified and justified by their baseless claim that this blind struggling in the regions of the unknown, to grasp phantoms only existing in their own imaginations, is the embodiment of all there is of the "scientific" in practical medicine. It is certain that guessing is all they have to substitute for a *science* of therapeutics, and as this is so conspicuously poor in itself, and in its results, they seem to be without other resource than loud clamorings, in their claim for their guessing of a "scientific" character! "Scientific"

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\*Condensed from report of Bureau of "Homœopathics," I. H. A., June, 1888.

guessing! Is ignorance or conceit capable of a greater absurdity?

In the two schools of practical medicine of to-day, this first duty is equally recognized as paramount. But there is this radical difference in the views of the two as to their reasons for this. To the one it only suggests a *name* for his case; to the other the points gathered are indices pointing to the curing agent. The one ceases inquiring when he has gathered sufficient facts to justify his *name*, however few these may be. He stops here because he has no further use for facts. With the few he can make his *diagnosis*, *i. e.*, give his name to his case, and this name suggests to the prescriber certain internal conditions, which, in turn, suggest certain drugs as likely to benefit these supposed conditions. These given, and the circle of old-school therapeutic duty is complete. This series of *guesses* it is, which constitutes all there is in that which is so boldly and blatantly proclaimed to the world as the whole of "scientific" medicine! And perhaps the most remarkable fact in this connection is, those who thus clamor the loudest seem to be wholly unconscious of the emptiness of this silly pretense, and appear to be not at all ashamed of it, though there is no "science" in it, but only guessing and a Greek name!

As opposed to this, the other school cannot stop inquiries till *all* the facts are brought out, because if any part be omitted from the record, it may be that in this omission are the facts most important in the *diagnosis of the remedy*. At this point we have the two schools as far apart from each other as possible, in this first and paramount duty. The one investigates for a *name*, the other for a *curative*. The one is content with *few* facts, if these justify his *name*; the other must have *all*, because *all* are necessary to determine the remedy for the case. This necessity is one of the underlying principles of the philosophy of specific medicine, and without this no practical superstructure founded on law can be raised. The elements, and *all* the elements, of the sick condition must be known before any other step can be taken for its cure.

We have said gaining this knowledge is the first duty of the practical healer. We add, it is the most difficult of execution; this difficulty is only equaled by its importance. All in specific healing depends for its successful issue on the faithfulness and thoroughness with which this duty is performed. The difficulty and importance of this duty are so great that no care or labor devoted to it can exceed the demands true philosophy and intelligent conscience make for these in its discharge. These are so

great that no margin is found here for haste, carelessness, or indolence. The difficulty is so great that it can only be overcome by endeavors guided and controlled by the most perfect and orderly system of procedure. *Systematic* is the word which should characterize these endeavors from the beginning to the end. This necessitates a plan of procedure at the beginning, which shall insure the survey of the whole field of symptomatic facts before this duty can be accepted as complete, or as a proper basis upon which to search for a curative.

When Hahnemann recognized the relationship of law between sickness and their curatives, as existing in the likeness of the facts of the one to that of the record of the facts of the other, he saw, and was the first to see, the absolute necessity of a knowledge of *all* the facts of the case to be cured, because till this was gained there could be no such comparison of factors as will disclose the likeness which the natural case of cure demands, before any drug can be selected as the specific curative of any case. It is indispensable that this knowledge of *all* the facts of a case shall be in possession of the prescriber, and be made the basis of his therapeutic proceedings before any treatment of his can be brought into the category of homœopathic prescribing. Any attempt at this with partial knowledge of these necessary facts is only sham, and if it be claimed for this that such practice is of the homœopathic school, the claim for this sham is but a false pretense.

The necessity of a systematic plan of procedure in endeavors to compass a knowledge of the facts of sicknesses before seeking for curatives was clearly seen by Hahnemann, and he gave in his *Organon* a sketch of such plan which no subsequent teacher has supplanted or greatly improved. Some, who would be teachers, and have been ambitious of the reputation of models of homœopathic healers, have abandoned this plan and have gone rather for the shorter and easier method of old physic, like this, making names the objectives of their inquiries. They have not been those who by their practical successes have contributed to the evidence which confirms the truths of homœopathic philosophy, nor have they been of the number who have added aught to the power which has extended the triumphs of this through the world. It is rather among this number that a want of partial successes has caused discouragement and doubt, and these in the end have led to apostacy in the few instances where this has disgraced those who sought for homœopathic successes by a neglect of its philosophical principles, and substituting for these, often, a very poor imitation of that easier method which,



without law, is content with guessing, while the imitation quiets his conscience, if he has one, and his self-complacency, if he has none, with the boast that "he will use all possible means for the cure of his patients;" not caring to remember, or not knowing, that it is not necessary, in any curable case, to use "all possible means," but only "right means," for the cure, and that these are always and only found in the most similar record of some drug to the phenomena of his sick case. This he presents as evidence of broad "liberality" which knows no prejudice and is confined to no narrow bounds. He would have this accepted as evidence of his superior knowledge of means of healing, whereas it only proclaims his inability before the problem of the discovery of the *right* means for his desired cures. This found, and no others are needed or useful.

The systematic plan of procedure for the discovery of the facts of sickness which, under the guidance of law, discloses the true curative, first observes all which is perceptible to the prescriber in the appearance, manner, and actions of the patient. If in bed—his position; is he quiet or restless; does he change his position often, or does he avoid all motion; his respiration, is it hurried, or normal in frequency; is it in due symmetry with the frequency of the pulse, and in the duration of inspiration and expiration? The expression of the outlook—is it tranquil, excited, or desponding; or what, if any, is the change from that which is natural to the patient? The eyes—are they bright and sparkling or dull; are they injected or clear; are the lids swollen or natural; is the face pale or red, or neither; is it hot or cold, wet, damp or dry? The general surface—is it hot, warm or cold, perspiring or dry; if there be eruption—of what kind, not how has it been named, but how does it look, what are the morbid phenomena attending it? the name is of no consequence to the prescriber in the duty he is now supposed to be engaged in. The voice and spirit—how are these affected, if at all, and what, if any, are the modifications of their normal character? The moral and intellectual functions are to be noted as to all aberrations from their normal state. Has the disposition become, since the sickness, querulous, angry, complaining, easily taking offense, weeping, or sad, as it was not before? The intellect—is it more active or duller than has been its wont; are its perceptions and judgments clear and normal, or are these under the false impressions of delirium? If so, what is the form the aberration assumes? Is the delirium mild or violent, talkative or reticent; is the speech clear and distinct, or is the enunciation imperfect; are answers given promptly or are they delayed and

slow, or answers wholly refused ; is the imagination vivified by visions which have existence nowhere else ; does this delusion talk to, or reach out to imaginary objects in the air ? In short, whether in intellect or disposition which is a departure from the natural state of the sick one is a necessary part of the case to be examined into, and is to be, in exactness, a part of the record which makes one side of the equation in every homœopathic prescription, which solves the problem of a cure when it has found in the *materia medica* record the counterpart of the recorded facts of the sickness to be cured. In this record the aberrations of intellect and disposition are to have a conspicuous place, and careful consideration, before the solution of the specific remedy is decided.

When the perceptible phenomena of the case have been recorded, and not before, then the prescriber will listen to the history of the case, from the patient first, if possible, and then from the friends, if they have additional facts to contribute. Never allow the two to talk at the same time, or either to create confusion by interrupting or correcting the statements of the other. If the case in hand be a chronic disease, it may be necessary to carry the inquiry into the history of the case back into that of the patient's ancestors, in the endeavor to reach a knowledge of the true origin and character of the case under examination. For example—What diseases have been prevalent in the family of the patient ? What were the sicknesses which have carried off those who have passed away, if there have been deaths of relatives. This knowledge is often of the utmost importance in discussions of the treatment of such cases. For some diseases are transmitted from parents and grandparents to their children, and the like proclivity to certain forms of sickness are found in individuals of a common ancestry and the clue which leads the true healer to a knowledge of his *simillimum* is not seldom found in the health history of some progenitor of the patient. In pursuing this inquiry it should be kept in mind that inherited sicknesses often pass the first generation of descent to reveal themselves in the second, or, perhaps, in one even more remote from the original sufferer. The true healer will therefore be very careful and persistent in his inquiries into the origin in the remotest ancestry, if need be, of the chronic case he is to treat.

It may not be necessary to carry the inquiry into the history of uncomplicated acute cases into that of the patient's ancestry. But in cases complicated with the action of aroused chronic miasms it may be of utmost importance to do so. Cases

are met sometimes where the clue to their simillimum is only found in this inquiry. This followed up, not unfrequently the cure of the acute attack and of its complicating miasm may be found in the same remedy.

In uncomplicated cases, the inquiry may begin at the first element of the sickness which the patients or friends noticed as the initiatory of the attack. What were the circumstances and conditions in which this appeared and the modalities which accompanied it? And the same inquiries are to be made as to each of the succeeding elements, as also as to the order of time in which they appeared, till a knowledge of all is gained.

The questioning of the history being completed, that of the aberrations of functions in the sick case may begin. And here systematic procedure is indispensable to the required thoroughness and accuracy of the inquiry. This must have a beginning, middle, and end, and all between must be surveyed, that no fault of function may escape detection. Each aberration is to be questioned as to time of appearance, circumstance, and condition attending this, and with the modality which have accompanied its history, with especial reference to all causes, conditions, and circumstances which aggravate or relieve suffering.

With this plan of procedure, where shall we begin? There is no better order for the prosecution of this plan than that of the scheme adopted for the record of the *materia medica*. This begins at the head and from this follows a natural anatomical arrangement of succession to the end.

The mental and moral symptoms which we have noticed under the division of objective phenomena may perhaps as well, or better, have their place here with the other brain symptoms. After these, the pains or heat, whatever of abnormal sensations may be present in the head, as vertigo, throbbing; noises, as the chirping of insects, etc.; fullness, tension, etc. The pains are to be questioned as to the kind and exact location of each. Then the phenomena of the scalp, if any, are to be noted. Then the organs of the special senses, as of sight, hearing, and smell, both as to function and change in appearance or tissue. The face, as to color, expression, or pains. The mouth and throat, including teeth and tongue, as to appearances which are abnormal, and pains or unnatural sensations, together with whatever modifications there may be of speech, as difficulty or fluency, hoarseness or shrillness, or total loss; of taste, as sweet, bitter, sour, or a total loss, or diminished or exalted state of this function. Then of the digestive function—note all abnormalities as to appetite, thirst, desires, and aversions as to various



articles of food and drink ; all pains or morbid sensations developed during the process of digestion ; all eructations, regurgitations, nausea, and vomitings connected with the food or drink, or which particular articles of these. Then pains or other morbid sensations in the stomach or its associate organs in the process of digestion, not originating in the food or drinks, or in the process of this function. If there be nausea, independent of the digestive process, what is the exact seat of this, the abdomen, epigastrium, or throat ? What aggravates or relieves this ? If vomiting, what are the substances ejected, and by what is this excited or relieved, and by what concomitants is this attended ? What of the hypochondria as to pains or other abnormal sensations, swelling, or sensibility to pressure ? What of change in the hepatic organ, if any ? The external abdomen, what as to its form ? Is it full and round, or flat and sunken ? Is it distended ? If so, is it by gas, water, or morbid growths, or by retained fecal intestinal contents ? If there be pains, what is their exact character and location ? How are these affected by circumstance and condition, and what are their concomitants ? What of the function of defecation ? Is this retarded ? If so, what is the character of the evacuated material as to color, form, large or small ? Is it dry and hard, or the reverse ? What is the character of the impediment : is this in the nature of the material to be expelled, or in a diminished force of the expelling power ? What, if any, are the concomitants of the constipation, as hemorrhoids or fissures, or other morbid process in anus or rectum ?

Then the urinary organs and functions. Pains in these organs, if any, are to be investigated as to their exact character, location, and concomitants. The secretion, as to quantity, frequency of calls to discharge or the reverse, color, odor, sediment ; the sensations on passing the water, their character and location, whether in the vesica or urethra ?

The sexual organs and functions are to be questioned as to integrity of tissue and normality of function.

The respiratory organs and air passages are to be investigated as to pains and abnormalities of function. The respiratory act—are inspiration and expiration in symmetrical proportion ? Is this performed chiefly by the diaphragm or the intercostal muscles, or by both ? Is it accompanied by pain, and if so, what is its character and location ? Auscultation and percussion, though of value chiefly to diagnosis and prognosis, are not wholly useless to the therapist. For example, in pneumonia, if these disclose the fibrinous exudation of that process already

accomplished, certain remedies are excluded from the treatment, being no longer curative of this inflammation after it has passed this process, no matter what other symptoms there may be. If there be a cough—what is its character? Is it dry or loose, with or without expectoration? If with, what is its character, and is it raised with ease or difficulty? Is the cough seldom or frequent or constant? Is it short and slight or violent and in protracted paroxysms? What are its conditions and concomitants?

The exterior conformation of the chest—are the two sides in symmetrical development? Are the sub-clavicular spaces rounded out or hollow? Are the intercostal spaces distended or normal? Are there pains—if so, what is the character and location of them? Are they increased or unaffected by respiratory or other motions?

The spinal column is to be questioned as to deviations from normal structure, as to pains, if there be any, as to their exact character and location, and conditions of aggravation and relief. If there be any other abnormal sensations, as sense of heat or cold, these are to be carefully noted.

The extremities are to be questioned as to whatever of pains or embarrassments or loss of motion.

The skin—as to eruptions or modifications of its transpiratory function, temperature, etc.

Sleep—sleepiness, sleeplessness, with causes and concomitants. Dreams, as to their character.

Febrile phenomena, as to time of accession, and concomitants. The symmetry of the elements of the paroxysm, or the predominance or absence of either.

The general phenomena, as to temperament, disposition to take cold, or to be especially affected by any particular cause of sickness, or habits of body which predisposes to any particular forms of sickness, as for example, rheumatism, neuralgia, or spasms of any kind, causes which aggravate or relieve general pains or sufferings. The special character of general pains, as pressing, burning, boring, drawing, shooting, fixed, etc. The period of exacerbation. Acuteness, dullness, or loss of general sensation, or whatever change there may be in this function. How are the general phenomena affected by change of air, *i. e.*, in the open air or in a room? How by motion or repose? How by eating, drinking, sleeping, or by the performance of any bodily function? Whatever of sick phenomena which are dependent for existence on the change of function of no particular organ. And these general phenomena are not to be over-

looked, overshadowed, obscured, or their importance underestimated, because some particular local suffering, or derangement of some particular function has chiefly had the attention of the patient or his friends, and has by them been regarded as the one object of the prescriber's attention. To relieve the suffering of patients is, of course, one objective of the physician's endeavors, but as indicia pointing to the means which most certainly and speedily relieve these, the greatest pains are not always the most important. On the contrary, these are not unfrequently found in the general symptoms, where they are so easily overlooked.

Having by this process of examination of functions and general phenomena gathered the requisite "totality of the symptoms" of a case, how shall we proceed, through them, to find our specific curative? There are two methods practiced by doctors who equally claim to be recognized as practitioners of specific medicine. One is to infer from the gathered facts a certain general condition of the patient or of certain of his organs or of their functions, and having some regard to the law of similars, infer that a certain drug or drugs produce similar conditions, and therefore this, or these are the similar agent or agents the law requires for the cure. This *inferred* or *imagined* condition of the patient the doctor calls the *pathology* of his case, and having proceeded thus far on the basis of the totality (and having, probably, been satisfied with less of examination and fewer symptoms than a strict compliance with the demand of the law required), he is fully satisfied he has fulfilled the duties of a *specific* and "scientific" practice. The two are here so beautifully harmonized and brought into such perfect fellowship, he is more than satisfied, he is delighted. The *truth* is, in all this, the prescriber has not been loyal to either. He has given in this proceeding so much to guessing as demonstrates his lack of loyalty to *specific* medicine; and has shown so much, though but a partial, regard for the law of the similars, as to thoroughly disgust the myrmidons of old physic, from whom, by this clumsy imitation of their method, we seem to have been seeking "recognition." This is the *wrong* method.

The *right* differs from this in that it takes this whole group of facts, clean and naked, stripped of all theory and inference, and goes to the *materia medica* record for the most similar group, in the recorded proving of some *one* drug. This found and given, as the law demands, and all has been done for the case which specific medicine requires, and all which is needed for the cure of any curable case. This is what it is to practice, in a



word, with the homœopathic law, which practice with aught added to or subtracted from, this is not. Such practice, before the simplicity and truth of pure Homœopathy, is no better than the thrice beaten straw which is cast out to be trodden under foot by the most stupid and filthy of animals.

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#### DISCUSSION.

Dr. Gee—This is a very able paper, and one of practical importance to all of us. As the Doctor said in the beginning, an article of a similar character, that is on the same subject, is found in Dunham's *Therapeutics*, presenting, perhaps, a scheme somewhat after the same plan, but not going into the details as fully and deeply as Dr. Wells has done; and certainly a paper of this sort on our desks in the shape of a slip or card would be a very great help to all of us in the examination of the patient, as we are apt to overlook some things perhaps in the order of questioning. One thing in Dr. Wells' paper occurred to me which perhaps needs a little explanation, and that was his allusion to the excellent remedies in pneumonia. I don't know that we can draw a line that is distinctly marked and say that after the exudation has taken place, any remedy or set of remedies may not be indicated. I can see that in a nervous disturbance calling for a remedy just as the key of a Yale lock is necessary and the only thing that will open the lock—that remedy may be called upon. I can hardly see that we can exclude a remedy without some explanation. Perhaps the Doctor did not make it as clear as he could.

Dr. Wells—That point was put down understandingly, and to illustrate I would state that after the deposit of fibrine has taken place, Aconite is never indicated, and never has been since the world was made; it is of no use and never will be. Meeting the points suggested by my friend Dr. Gee, of nervous symptoms calling for a remedy; those are best met by remedies which are related to the symptoms, and the *condition* of this stage of pneumonia, which is revealed by auscultation and percussion. These revelations *are symptoms* which it is not wise to overlook or neglect. The remedies which are so powerful and beneficent in the first stage, *i. e.*, before that of the deposit into the lung tissue of the inflammatory product are now no longer in place, and if their use be longer persisted in, the result will often be pernicious and always attended by loss of time. It may be we sometimes restrict the meaning of the word

*symptom* or symptoms to too narrow limits. *Objective* symptoms are *facts* equally with *subjective*, in which class are found the revelations of auscultation and percussion, which, in best treatment of pneumonia, are never neglected.

Dr. Gee—It seems to me the Doctor has misunderstood ; that borders very closely upon pathological prescribing. We do know that patients suffering from pneumonia have a nervous anxiety, an anxiety that will be indicated by the expression of the face ; the heart will show weakness. In such a condition Aconite might be indicated, and if so, I would certainly give it.

Dr. Wells—I think the only difference between my friend Dr. Gee and myself is that I am attempting to take in the whole view of the case and he seems to take in only a part, and that seems to me the difference. Aconite seeming to be indicated has led me into that blunder a hundred times, and a hundred times has led me to disappointment. But to find a remedy necessary for these new accessory symptoms you must secure a remedy for them, and it is best to secure it at one stroke, than to go around the corner for it.

Dr. Kent—Take a case of pneumonia that has advanced to the stage of exudation and let that patient get a little cold sufficient to arouse him to a state of mental anxiety. With a superficial examination you will find Aconite indicated, but just as sure as you give it you will fail. Give Sulphur at once and you will cure your patient. Never mind the fact that Aconite has the superficial show, I say in ninety-nine cases out of one hundred give Sulphur. When I first commenced to prescribe I gave Aconite and I never had anything but failure, and have been fooled many times by giving it.

Dr. Allen—Do you prescribe Sulphur in the second stage, or rather in the exudative stage, when the patient has taken a little cold and become nervous under those symptoms ?

Dr. Kent—No, sir.

Dr. Nash—If the Aconite symptoms are present, are we taught anywhere to ignore them and base our prescriptions on the fact that the disease has passed to the second stage ? I think not. I think, with Dr. Wells, that we will very seldom find indications for Aconite there, and that we should look further. It may be Sulphur, as Sulphur is a remedy used in the exudative stage. So we must ignore Aconite and look further, and we will find our failure arose from a very superficial examination that seemed to indicate Aconite. It is a fact that many patients come into our offices who can be prescribed for at once. A patient may have eaten too much ice-cream, and we know at once the

cause of their trouble, and we know in a short examination what they require, and we can prescribe for them very quickly. When we have chronic cases and we find the case cropping out again after we thought we had cured it, then it is absolutely necessary that we must go through this very process that Dr. Wells has been describing. One of the best rules I have found is one that Hahnemann gave for examining a patient, and that is : Never ask the patient a question that can be answered by yes or no, because if we ask such questions as, "Have you a pain in the head?" especially of a nervous person, they always have it, and you could ask them if they had a pain almost anywhere and they would always have it. But if we call on them to tell their symptoms in their own language, and not allow them to answer yes or no, we find it a very great help.

Dr. Holmes—This paper of Dr. Wells' has been one I wanted to hear. I am a new member of this Society, and I have come a long distance to attend this meeting, with the hope I might learn things that would be of great advantage to me. Now, the examination of the patient is a subject that I must confess I am a little lame on. The great trouble is how are you going to find time to do this? Supposing a man has afternoon office hours of only two hours' duration, or an evening hour of one hour's duration, and in that time crowds in twelve, fifteen, or twenty patients, and perhaps out of that number there are two, three, or five patients that need just such an examination? To me it has been impossible to do it. I am not, like Lippe, a flash prescriber. Another thing, we do not get paid so well where I come from for that work. Say we get fifty cents for that work [laughter], and it takes the whole time to examine the patient, and we cannot give the time and attention to other patients that are waiting.

The President—I think in reference to the examination of a patient, that as the younger members of the profession become more and more acquainted with the manner of meeting a patient their time spent in an examination will be shorter than when they began. I believe, too, that the examinations and the value of them will improve as they grow older and more experienced in listening and in asking. I know that my own experience has been very similar to yours; that the time required for first examinations seemed excessively long; but the older I grow and the more chronic cases I have to deal with the more positive I am that the time spent in the first examination is the best spent time. Hahnemann tells us that when the first examination is well made two-thirds of the work is done. It is unfortu-



nate that any one who represents so fine and beautiful a profession as Homœopathy should be placed under conditions where such poor compensation is received as most of us do receive and particularly the younger members of the profession. To many it is a matter of bread and butter, of course, but there is a higher motive than bread and butter, and that is to learn how to do the thing correctly; improve yourself, and get yourselves into positions where you can become so proficient as to command proper compensation for your work. My advice to the young men is not to slight your chronic cases, but rather say to your patients, if you are pushed for time come to me on Sunday morning and I will give you an hour or more, even if you pay me nothing for it, and if I find the remedy and I cure you that will be compensation enough for me. What I was going to say in regard to the quickness and rapidity of decision or insight of some prescribers or some men who have grown with their work is this. I once saw my father, who was in a very great hurry to go somewhere, when a young, thin, and lank man came to him and said: "Doctor, I want to see you." My father replied, "I have no time now; you must come again." "But I want you to attend to my eyes right away; I have some very sore eyes here, and I want them attended to." "How long have you had them?" "Only a week." "Let me look at them a moment," and with a rapidity that was perfectly marvelous, my father told him what was the matter with him. The young man had symptoms and my father showered them on him, and they suited so well that this man stood in consternation and said: "Who told you all about me?" That was artistic. He cut that thing short. Of course, it was the wrong way to do it; but it was the way he did it at that time. He did not ask that man have you got this and that, but he said you *have* got that; you are worse in the morning; you are cross, irascible—a cross fellow—and he said I will give you a powder, and he gave him *Nux vomica*. Of course, I do not recommend that to you; I only wish to cite that instance of a person who knows a remedy, that is, *materia medica*, and how he can get quickly at a set of questions without making direct questions that will cut short an examination very much; and, as Hahnemann once said—he never printed it—show me the examination of a sick person and I will tell you if the man knows anything about *materia medica*. This little story I have just told I don't want to be anything more than only an instance of the knowledge of a remedy and going right at it in a very quick way, in a way I do not wish or advise any one to imitate or prescribe on,

I only wish to show how quickly you may take such a patient and go through his *Nux vomica* symptoms. All these things that you learn by careful examinations are not lost time.

Dr. Biegler—I would like to add a word or two to the foundation Dr. Wells has given us for our work. The manner in which Dr. Wells has given us this outline for our work is invaluable to all, but especially to the young man. If they, the young men, will take this as a foundation for their work, I will guarantee that it will not be very long before their fees will be largely increased, and that almost voluntarily. The first prescription made right, based upon the foundation of work, and he can afterward sleep and remain quiet, with his conscience and his mind quiet.

Dr. Wells—I want to say to this young man [referring to Dr. Holmes] and every young man: get no more work than you can do well. Do it well and take time enough for it. There is always time to do work well.

Dr. Allen—I think that Dr. Holmes has struck a very vital point. It is certainly a puzzling point to a young man. My attention has been very forcibly called to this very point within the past month by a consultation I had with a professor of materia medica in one of our homœopathic colleges. A couple of years ago I endeavored to show him by a long and entertaining correspondence, based upon a case already reported in a medical journal, that there was a better way than the way he was doing, and he appeared to be a willing and apt student to learn this better way. A month since I met him at a State Society, and, after a conversation, he says, "I have faithfully tried Hahnemann's method of taking the case, and it won't do for me. It takes too long; it takes up too much time; it don't pay. It may do for somebody else, but it don't do for me." Now, that question that Dr. Holmes puts is right to the point, and we must get over it somehow and in some way, and I do not know of any better way than that which Dr. Wells suggests, that there is always time to do work well, and if Dr. Holmes will turn over a new leaf, and instead of taking ten patients an hour will cut it down to one or two and charge them properly, he will have more to do and make more money, and learn his materia medica faster.

Dr. Wells—I wish to say in the interests of humanity, of all we love most, that when we come to a sick man, a sick woman, or a sick child, we should confine ourselves to the fact and be conscious of it, that we are engaged in so great a duty that money has no place there. [Applause.]

Dr. Stow—It does pay to be careful and as accurate as it is possible for a human being to be in the examination and in prescribing for the sick. There is this thing in it, if nothing more, if at first you expend much time and get small pay and perhaps lose some because you take so much time, depend upon it that the experience you get in looking carefully into the case will make you so expert that you can take care of twice or thrice the number of cases in a very short space of time, and the public will find it out, too. That is one great fact that should be instilled in the minds of all that have doubts in adhering to Hahnemann's rules. I believe it, because I have seen it verified in my own practice time and time again, and I am satisfied that the little success I have had in the practice of Homœopathy has been due to the very fact that where an important case comes in that I do not see into at first sight, I take my pen and paper and record everything about the case—every symptom.

Dr. Ballard—I have had some little experience which goes to justify a man for the time he may spend in the first examination. The question which Dr. Holmes puts is a vital one, and it has not been answered satisfactorily to the side of the bread that has the butter on. But I have worked that way and I have worked the other way, and I find that the best way is the shortest way after all. I had a case of neuralgia in a lady situated on the left side of the face. I made an examination for the case as it presented itself (and this case will sustain Dr. Wells in his Aconite business). I went over these same symptoms—all skin deep; I worked over it for two months. Her friends were all the time advising her to take Morphine; I told her that if she resorted to Morphine that she would likely become a chronic sufferer; that it would not cure. I went to see her one evening and sat down with her and said: "There is something about your case I have not found out yet, and I want to find it out." She could not tell me anything. I went into her history—her private history. She was a widow, a very estimable lady. I asked her about her husband, and I learned that he had been a sailor and a sea-faring man. I asked her if she had ever had eruptions of any kind, and she answered nothing of the kind; never had anything of the kind. I then went from the scalp clear to her feet, over and over, and I examined her finger nails, the hands, the palms of the hands, and I saw three little spots there, and I said how long have they been there, and she said, I don't know; but I have had them a good many years; she then said that skin seems to get dead and peel off. I gave her a dose of Thuja. She had a paroxysm in a little while,



the worst she had had. Suffice it to say these paroxysms became less and she would suffer at longer intervals, so that within a week she was all right. She then complained of a sore throat, and on examination I found on the inside of each tonsil as pretty a picture of a chancre as a man ever saw. There was two months wasted in trying to cure that neuralgia because I did not spend the proper time in the first place. Another case: I was called in to see a child. The child lay in its cradle. The skin was hot and dry but not harsh. The child did not want to be spoken to. It had no wants for anything only to be rocked; the cradle must be kept in constant motion. The child would once in a while rise up in this way (describing). I gave Cina, expecting in twenty-four hours the case would be well. The symptom remained. I gave Cina higher; the symptoms continued. The child must be kept in violent motion, *i. e.*, rocking. But these same Cina symptoms became more prominent all the time. The trouble was in the first prescription, I did not properly take my case. I prescribed what seemed to be indicated superficially. My Cina having failed me I go back and find I have a child fourteen or sixteen months old that never walked; it was a fair, plump child. How has the child's health been? I went back to the very beginning, learned the peculiarities of the child in every way, shape, and manner; that if the child could get an egg the child would eat it. A little while—some months before that, it had had blisters on the body. Those blisters had coalesced and all broke out in a big ulcer. I said: "How have the child's head and ears been?" "Oh! soon after that it had a discharge from both ears." "Did the doctors cure that?" "Oh! yes; I injected Carbolic acid and that cured him." Now we have the case. The tubercular meningitis which is presenting itself, is but the suppression of the disease. I had to go back and give Calcarea, which restored the discharge from the child's ears, and the brain symptoms were relieved and the child was cured. These cases simply illustrate what Dr. Wells says, that you may have a case in which at first sight Aconite is indicated. But stop! You find there is something that says, "don't give Aconite;" there is something else needed. Look deeper and you will find it.

Dr. Hawley—I have one suggestion to make to young men. You want to learn in the first place your patient is not going to die in a minute, and if you can't study your case through to-day give him some Sac. lac., take his fifty cents, and have him come again.

Dr. Wells—To any young man in the room I would say, I

knew a young man once who began as others do to try and practice Homœopathy; he did not know anything about it; he had only the *Organon* and materia medica to rely on. I have known that young man to study cases a fortnight, and then he would cure them. Take the time, stick to it, and then you will cure.

Dr. Allen—I began with intermittent fever in that way. It pays to do it infinitely better than it does to make a catch prescription that is more likely to miss than to hit. A short time since a gentleman wrote me from Central Michigan a long picture of his case. I asked for more particulars, and another long letter came, and I was still not satisfied, and I again asked for more particulars. The characteristic symptoms were these: When walking in the house, on the street, on his farm or anywhere, suddenly as though struck by a hammer or by a club, would be a blow on the right side of his head, that would always throw him to the left. The remedy I sent him did not cure him. I then wrote to him to come down and see me (he lived some two hundred miles from me), which he did, and I spent one whole day with him to the neglect of my other patients; but I got what I thought was the picture of his case. I finally found it in *Tabacum*, and two doses of the two hundredth has made a very different man of him.

Dr. Wells—Next to the importance of taking the case and the selection of the right remedy comes the right use of it. Now I told some one I was not coming here again, but if I do, I will bring a paper on the right use of the remedy. I want to say now, that I have not half learned that lesson. It has been the most difficult lesson of my life. You remember a year ago, when we were down at Long Branch, we went into the discussion of the treatment of suppressed gonorrhœa. I had a young man come to me about three months ago and he came in with a cane, limping, and he could just step and that was all. He had pains in his feet and ankles and he could not walk, and he had been under what was considered homœopathic treatment for two years. He had taken *Bryonia* and *Rhus*, and was no better. I had a suspicion about the young man, so I asked him a plain question, and he said "yes." I gave him three months ago one dose of *Thuja*<sup>200</sup>, and I have given him nothing since but sugar of milk and he is cured. He got that one dose and no more, and the secret was in letting that dose alone.

The President—Was there any reappearance of the original symptoms in that case?

Dr. Wells—There was a return of moderate urethral discharge.

Dr. Ballard—You may remember at Long Branch last year, that Dr. Gee called on me for a case I had under treatment, and I said it was improving under a single dose of Psorinum. That man has never had but that one dose and he is a well man.

## TABES DORSALIS AND ALUMINIUM METALLICUM.

[Translated from the *Allgemeine Homöopathische Zeitung*.]

“No person sick with this disease,” says the learned and experienced Dr. Romberg, speaking of *tabes dorsalis*, in his work upon diseases of the nerve, “*no person sick with this disease can have the faintest hope of recovery; all are doomed*. The only comfort for those who cling to life is in the fact that the disease is of long duration. If in any disease the activity and energy of the physician heightens the malady, it is especially so in *tabes dorsalis*. You seldom find a patient of this kind without his back full of scars, who has not had volumes of prescriptions, and been at almost all the watering places, in the vain quest of health. It is but the dictate of humanity to tell him that by therapeutical interference his case becomes worse, and that it is only by the strictest care of his *diet*, that the progress of the malady can be stayed.”

No further testimony is needed to the incurability of this not unfrequent, but unmistakable and clearly defined disease, although such may be found in all the works on pathology, both new and old. So much the more, may the younger, purely German sister, of the two thousand years old, foreign-born allopathy, congratulate herself, that in accordance with that principle in nature, *similia similibus*, which her founder discovered, she has found a remedy which has been successfully applied in several cases.

The importance of this discovery is sufficient to warrant its being mentioned again; and as the distance of the residence of the patient of whom I spoke in a former article (and of two others, who were treated in the same manner with the some results) may have created doubts in the minds of skeptics as to the accuracy of the diagnosis, I shall certainly be justified in detailing a recent case which I have had constantly under my own



eyes, which I treated with the same remedies, and, as in the other cases, effected a perfect cure.

Miss Frances von W., nineteen years of age, and of one of the first families in Munster—before coming to this city, ten years ago—had been subject to some complaints which exhibited clear symptoms of a chronic (psoric) dyscrasia. At her former place of residence, besides the inevitable Cod liver oil, she had been treated by a homœopathic physician, since deceased, who had given her *Puls.*, *Sulph.*, *Calc. carb.*, *Carb. veg.*, *Sil.*, and *Lyc.*, with only partial success.

The first entry in my journal, under date of December 27th, 1848, is as follows: For four weeks past, an eruption on the head, always moist, especially behind and above both ears, with most severe pains early in the morning, and during the evening. Abdomen, hard and distended. She dislikes meat, and is fond of milk, bread and butter, and all kinds of green vegetables. Sleeps too long, till late in the day. Curvature of the spine, and protruding of the shoulder-blade. Chillblains on her toes, not on her hands. She feels worst in the morning, not so bad in the evening.

To specify all the early treatment of this manifestly scrofulous child would be too lengthy; suffice it to say that the disorder assumed a very obstinate character. The eruption extended not merely over the head and neck, but over the upper portion of the body as far as the genitals; and it was only after the lapse of two years, that the eruption, as well as the curvature of the back, disappeared altogether.

In the years 1851 and 1852, from time to time, there again appeared slight symptoms of disorder, which were readily removed, but which went to show that the inveterate scrofulosis had not been wholly eradicated.

In the spring of 1853 she was attacked with a gastric fever, during which she had a great desire for milk, and on every occasion, she vomited immediately after partaking thereof. She recovered speedily, however, and remained well until the winter of 1853-4, when the eruption, as well as the chillblains on the feet, reappeared, and was not removed until March.

The eruption again made its appearance in the beginning of 1855, but this time lasted only till the middle of February, at which time her courses appeared in great profusion. In the summer of the same year she was attacked with influenza, accompanied by severe pains in the abdomen, which were speedily cured by a dose of Zinc. A long interval followed of apparently perfect health.

During this period she attended a boarding-school four miles distant. While there, in September, 1857, symptoms of disease reappeared. She then complained of severe headache in the evening, with bleeding at the nose; menstruation too copious, and at too short intervals; every motion, every mental or physical exertion, increased her suffering. *Bell.*, *Bry.*, and *Phos.*, each in high potencies, and a single dose, almost entirely removed these complaints; still as sitting in a warm room in the evening seemed to occasion a slight recurrence of the former complaints, I prescribed *Puls.* in the same form with success.

About the middle of January, 1858, a new symptom appeared, of which the teacher could give but very unsatisfactory accounts. She wrote that the patient had severe pains in the back, which were increased by motion, but disappeared at night. On one occasion they had resulted in tetanus. Nothing more was said in the letter. *Nux vom.*<sup>20</sup>, dissolved in water, three times a day, for three days in succession, effected an immediate and continued improvement; but she began to complain of "pains in the pit of the throat, and of difficulty in swallowing," without giving any more definite description. I had her repeat *Nux vom.* dissolved in water the same as before, a spoonful twice a day, morning and evening for six days in succession.

This second prescription of *Nux vom.* was not only without effect, but the pains in the back reappeared, joined to a new symptom, failing of the voice (which was at the worst morning and evening), rendering it impossible for the patient to speak a loud word. I now, for the first time, learned that while using the first remedy, her speaking had daily become more and more difficult; every effort was fatiguing, as if the tongue were lame, and the patient was obliged to take breath at every word, and a little speaking occasioned excessive fatigue.

*Caust.* was prescribed without the slightest effect; but a week later, after prescribing *Sep.* the voice would return for some hours, but still remained weak and low. All other symptoms remained the same, but by the patient's own report, she was "a little better."

On the 3d of February, I sent a dose of *Sulph.*<sup>20</sup>, which had the effect of producing headache (no more definite description), with bleeding at the nose, which got better by sitting up in bed. All other symptoms were lost in the stereotyped phrase "a little better." They nevertheless still existed, but nothing more was said by which I could be guided to the choice of the adequate remedies.

Under these perplexing circumstances, on the 17th of

February, I sent a dose of *Bell.*<sup>200</sup>, to be taken as before, and requested her parents to send for her, as the distance was not very great, and her disease was of a chronic character, so that she could venture home without danger, for I wished to give the case a personal examination. It is worthy of note that among patients of the higher classes of society, especially when the disease is of a nervous character, the physician frequently can hear only the stereotyped phrase "a little better," when in fact there has not been the slightest improvement, but on the other hand new symptoms have appeared, which make the case more complicated. We are thus left without any clue to the selection of the remedial agent.

In compliance with my earnest request, my patient arrived on the 24th of February, and in the evening I went to see her. How great was my surprise, when I discovered that here was a perfect case of tabes dorsalis; for the letters I had received had not given the slightest hint that such was the fact. The loss of voice, on which most stress had been laid, is only an occasional symptom in cases of this disease; and as I had not heard a syllable of the palsy of the lower extremities, which was considerably advanced, I had, of course, been unable to recognize the malady.

When I saw the patient her voice was certainly almost entirely gone, and her utterance was so indistinct that I had to approach my ear closely to her mouth in order to catch the words. But all the other symptoms were too distinct for me to mistake the nature of the disease; and the loss of voice went only to show to what an extent the affection of the spinal marrow must have proceeded.

What I gathered on this first visit was substantially as follows: Sometime previous the patient had experienced great weakness in the lower extremities, accompanied more or less with pains in the back. The sensation in her back was like burning, as if a hot iron rod was being pushed up through the spinal column. In the earlier stages of the malady the feeling had sometimes been that of insects crawling upward. At the same time the soles of her feet had appeared like soft cushions, or as if her feet were placed on a soft blanket or cushion. By and by she lost all sensation in her feet, so that she did not feel the floor on which she stood, and would not have known that she stood upon the floor had she not seen it. For the few last weeks she had been unable to walk; and for sometime previous she could do so only in broad daylight; with her eyes closed, or in the dark, she had stumbled so that she had been



obliged to hold on to something to keep from falling. At present she could not, even in daylight, stand on her feet without support. When in bed she had no knowledge of the position of her lower extremities, which assume various strange positions, without any sensation on her part. Before she lost the power of walking when she attempted to walk a few steps in the dark, in rooms that were well known to her, she had always turned to the left, and thus missed her aim. She frequently had a sensation of contraction in the abdomen, as if a band were drawn tightly around it; this feeling, as well as the pains in the back, was more severe, when attempting to move, after resting for some time. Although there were no pains in the throat, the exertion required by her loss of voice, occasioned great exhaustion, so that she was obliged to rest several times during her recital of her symptoms.

In other respects I found the patient looking very well—in good flesh—blooming complexion—complaining very little, and not considering her case alarming, or of much consequence. Appetite and digestion good; passages a little slow and hard. The menses appeared regularly but rather copious. She feels rather better in the morning than in the evening.

The above complete and faithfully recorded symptoms were particularly interesting to me, as they were the first which occurred under my own observation, after my study of *Alumina*. They left no doubt on my mind that this was a striking case of genuine tabes dorsalis, and in accordance with my former experience I did not hesitate to administer at once a dose of *Aluminium metallicum*<sup>200</sup> (from the Pharmacy of *Lehrmann* in *Schoninghen*). I ordered the medicine to be dissolved in six tablespoonfuls of water, and a spoonful of the solution to be taken three times a day for two days.

The next time I saw the patient, on the 26th of February, a decided improvement had taken place, and I allowed the action of the medicine to continue without interference. On the 1st of March I again left *Alum. met.*<sup>200</sup>, to be taken as before, and the improvement still continued, and as her courses had come on, I delayed a third dose until the 5th of March. My journal mentions a continual improvement in the case; patient is up the whole day, and walks about the house; she even goes up-stairs without much difficulty. But when I caused her to close her eyes and try to walk straight, she invariably turned to the left; nor could she walk in the dark without support.

On the 10th of March, *Alum. met.* as before. The difficulty

in the lower extremities is decidedly better, but the voice often fails, especially in the evening, and her utterance is difficult and fatiguing. It is often the case, especially in chronic diseases, that the repetition of a single remedy, without alternation, does not effect a sufficiently rapid cure, and although the symptoms become less violent, they do not essentially change. As this seemed to be the case in the present instance, I administered on the 15th of March, *Nat. mur.*<sup>200</sup>, to be taken in the same manner as the *Alum. met.* The effect was good, but not so decided as from the first remedy. It may be that there is too great similarity between the effects of *Nat. mur.* and of *Alum. met.*; as is often observed, if remedies too nearly related (as *Ign.*, *Nux vom.* and *Puls.*) are given in alternation. Still the improvement continued, so that on the 21st of March the patient came to see me at my office. I gave her *Alumina*<sup>300</sup> (Jenichen's) after which the improvement went on more rapidly; but the pains in back increased a little, showing that the effects of this were not so specific as those of *Alum. met.*

On the 28th of March I gave *Caust.*<sup>200</sup>, after which the pains in the back disappeared, and the voice and speaking improved, but at the same time the weakness of the legs and the feeling of numbness in the soles of the feet reappeared. I, therefore, concluded that this remedy does not exactly meet the case of tabes dorsalis. On the 11th of April, *Alum. met.*<sup>200</sup> again. With this the symptoms almost entirely disappeared, and even her voice assumed its usual sound and the freedom of utterance that belonged to her days of health. As the sensation of crawling in the back recurred now and then, and there was occasionally the sensation of transient numbness in the soles of the feet, on the 20th day of April I administered another dose of *Alum. met.*<sup>200</sup>. On the 28th of April I gave a dose of *Puls.*<sup>200</sup>, and finally, on the 7th of May, a dose of *Sulph.*<sup>200</sup>, after which the last symptoms of the disease disappeared, and nothing of the kind has since recurred.

I watched this case with great interest, and from the above detailed statement the energetic, almost specific efficacy of *Alum. met.* in cases of tabes dorsalis, appears unmistakable, and I do not see what objections can be raised against it. As, for a number of years, I have habitually treated all cases with only the high dynamizations, in the most refined doses, I cannot assert that the lower potencies of this remedy (as of many others, which the old school repudiates, as indifferent or ineffectual) may not be of as much, or even more, effect in this case. The fact that I accomplished more rapid and certain cures, even in acute

diseases, with high potencies, which I have used since 1843, than I formerly did with the lower dynamizations, can hardly be deemed conclusive; for by my larger practice, and more thorough acquaintance with the nature of our drugs, I have acquired a greater facility in the selection of the remedy. But this I consider as certain, that it is not only possible to effect cures in the most difficult cases, with high potencies, but that such cures, especially in chronic cases, are more thorough and lasting than those effected by lower dilutions. I trust that some of my colleagues who prefer the latter will try *Alum. met.* in this disease, which has so clear a diagnosis, and which is entirely beyond the reach of allopathy. For, as Hahnemann has shown with *Merc.* and *Thuja*, it is only in individual diseases, and with specific remedies that we can decide between the higher and lower potencies, and it is only under such circumstances that experience can be considered conclusive.

It may not be superfluous to mention here that of late years, especially in France, under the guidance of a learned and highly gifted man a school has grown up, which, although claiming to belong to the homœopathic, questions the validity of symptoms observed in the healthy, or, in other words, denies the law of "similia similibus" to be a principle of nature. Still the discovery of this remedy for tabes dorsalis was the result of the study of *Alumina* (in Hahnemann's *Chronic Diseases*), for this is the only remedy among those which have thus far been proved that has the most striking and characteristic symptoms of this disease. Of course it must be admitted that the provings of *Alumina* are far from perfect—that a great deal is left indefinite—that the effects of changes and after effects are not clearly defined, and that much remains to be ascertained by careful practice as to the true value and clear definition of the drug. Physicians should give their especial attention to the recognition and pointing out of those incidental and deceitful results which render the study of the different remedies so difficult.

I have reason to believe that I have in this way discovered the most effectual remedy for diabetes mellitus, but I forbear to give it publicity until renewed trials have overcome all uncertainty about the matter.—*Bœnninghausen*.

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Another pioneer has gone: Dr. O. P. Baer, of Richmond, Indiana; born August 25th, 1816; died August 10th, 1888. He was the first homœopathic physician to make his home in Indiana. He practiced as an old-school physician ten years before becoming a homœopath.—*Recorder*.



## A CASE OF EPITHELIOMA.

This disease, of late years so much the subject of attention, is one which has come forward, in name at least, since my earlier years of study and is one which has seldom fallen under my personal observation. But a case recently came into my hands, which in its progress, treatment, and result, excited great anxiety, much study, and considerable disappointment.

The patient, J. W. E., of this city, in his seventy-second year, of excellent family, constitution, and general good health, never having had any continued illness, had been for some months annoyed with a small sore upon the upper and outer rim of the left ear, without recollection exactly how or when it came. He had tried in many ways, without consulting a physician, to heal it, principally by the use of such mild or soothing applications as were of note, and at one time before it came to my notice, had applied a strong solution of caustic potash, but without benefit or seeming temporary relief.

By accident only did it at last fall under my observation, for still expecting the sore to go, he preferred to hide it from notice by brushing his sidelocks over it. But one day as he was before me the raw, red spot, devoid of its usual covering, attracted my attention, and then it was upon inquiry discovered that the little spot, not more than a quarter of an inch in extent, had been in existence in some degree for nearly or quite a year. In appearance it was simply an ordinary ulcerative sore surrounded by healthy inflammation. Except from its obstinacy in healing, as learned in the account given of it by the patient, no difficulty was anticipated in restoring the ear by ordinary methods.

And so with considerable confidence and without difficulty the opposing raw surfaces of the lesion were drawn and held together by properly adjusted adhesive straps. The immediate effect of this was encouraging, a seemingly healthy crust forming to unite and heal by the usual process. But about the third day this crust, like those which had preceded it over the former raw surface, began to lift and come away in flakes from a still moist, raw instead of a dry, healing surface underneath. Then new matter would again exude, dry, separate, and come away in this form every few days, but without progress in diminishing or healing the sore. In fact, after a time it became abundantly apparent that this treatment was useless if not actually injurious, and further attempts in this direction were abandoned.

Attention was next directed to constitutional instead of local treatment, and the use of remedies internally administered

adopted. But here arose a formidable difficulty in selecting agents best calculated to meet this end. Under the law of similars it is very seldom that some tangible symptom is not present upon which we can build a fair prescription. But in this case from beginning to end there was positively nothing in the way of causes, symptoms, subjective or objective, or the sign of pathological condition outside of the little sore itself to guide the physician in the selection of remedies. It was simply a little sore upon the ear, but as time went on it proved not only obstinate but actually aggressive by constantly though very slowly advancing in size, and yet with no apparently disturbing effect upon the general system or continued good health of the patient. The little pain felt was entirely local, not extending in any direction, the glands of the neck were undisturbed by swelling or tenderness, all the organs of the body acted normally and well, sleep was undisturbed and good except that occasionally turning the head with the sore ear to the pillow would cause pain and sometimes awaken the patient. Thus, with no positive guide in the selection of a healing agent, resort was had to antipsoric and some of the so-called tissue remedies, hoping thereby for either direct benefit or the development of symptoms through which more exact treatment could be introduced. At first Silicea, one of the most charming medicines in affections of the cartilaginous and bony tissues, was administered and time given for it to act. Of course it was given in a high attenuation. Inert as a drug, its action in the two hundredth attenuation where plainly indicated, is the most positive of any curative agent that I have ever met. But though given in varied strengths it failed in this instance of any observable effect. In the meantime consultation was had with the best professional talent, and the use of several other seemingly well-selected remedies at fair intervals given a reasonable opportunity to act in the conduct of the case. Prominent among the remedies used were Arsenicum, Lachesis, Nit. acid, Psorinum, Thuja, Silicea, and Spongia; afterward the less used were Clematis, Creosotum, Croton tig., Graphites, Lycopodium, Sulphur, and Plumbum.

If any decisive effect was produced upon the lesion or upon the patient, even to the extent of a proving of any of these remedies, I failed to find it.

At one time Arsenicum, the most continued of any one medicine, was thought to be acting favorably, with some arrest of the slowly spreading sore, but as this did not continue it was abandoned, after reasonable waiting, and other remedies given.

But no progress in the right direction being found after a

twelvemonth's treatment, but rather a slowly eating away of the ear, and yet so slow that at the end of this time the sore had gained hardly three-quarters of an inch in extent with a slight depth, it was thought best to consult surgical skill in the case. A surgeon in New York city of much distinction, the author of a valuable surgical work, and at the head of a popular clinique in the special treatment of epithelioma and other skin diseases in that city, with a reputation of knowing by constant familiarity and observation the best methods of procedure in such cases, was consulted and the patient presented to him for examination.

His immediate verdict was epithelioma, which could certainly be cured perfectly in a few weeks. Various plates, photographic and otherwise, representing the disease in various stages of development and cure were exhibited and favorably commented upon. The age of my patient and other important considerations were discussed, and a most favorable prognosis made as to results of the proposed treatment, which was urged to be at once adopted. An arsenical ointment applied directly upon the open sore was to do the work. The patient was told of the contemplated action, to which he most hopefully and cheerfully assented and an immediate preparation of the fresh arsenical mixture was made and applied. The patient went home suffering but in heroic good spirits. The next day I found him in great pain. His wife said he had passed a night of sleepless agony. The ointment had been removed from the ear at the end of sixteen hours from its application, as directed by the surgeon, and about six hours before I saw him. At this time the surface of the sore was swollen, frightfully inflamed, and fairly broiling with oozing matter. Through this day and another sleepless night this condition continued, though gradually subsiding, so that by the following day he was comparatively comfortable. In about ten days the inflammation had disappeared and a large dry, hard and healthy-looking scab adhered closely over most of the former raw surface. About this time the surgeon was again visited and everything pronounced favorably progressing as expected. In another week, when the patient called again, a small portion of the sore was still moist and oozing, to which a fresh application of the ointment was made. The same painful and other disturbing results followed as before though in a much less degree. After this a more comfortable state followed, the whole former open surface assumed a dry healing state, which continued right along steadily, so that by the end of the sixth week the dry scab separated and came away, leaving a perfectly healed surface underneath.

Now this phase of the case seemed exceedingly satisfactory.



I thanked the surgeon and congratulated the patient. But he did not respond to the congratulations as heartily as I expected, although still pleased and hopeful. In fact he did not feel well nor did he rally up to a good standard of vigor or strength. A somewhat laborious business in which he was engaged was resumed but with effort and less ability to continue exertion.

Presuming this state to be temporary only, the patient was allowed to disappear from frequent observation, but afterward as seen occasionally the ear was found all right. But the general appearance of the man was not satisfactory. He looked worn and felt tired. Appetite and digestion were sluggish and imperfect; sleep restless and unrefreshing; neuralgic pains in the head and elsewhere often troublesome.

The surgical treatment was resorted to in December, 1887, and the ear healed entirely in February, 1888, or in about six weeks, and two years or more after the sore was first noticed. He was now in his seventy-fourth year. From the time the ear healed all through the spring months the patient gradually failed and grew weaker. Shortness of breath became a troublesome though not a painful annoyance upon slight exertion. This, with other depressing conditions of body and mind, led the patient to call upon me early in June. Although he still kept at his business or its superintendence it was a most tiresome effort to go up-stairs or move hurriedly, and I was somewhat shocked when in this state he called upon me now for advice. On inquiry I found the difficulty of breathing was increased by lying down, and a restless condition with anxiety, a weakened, irregular action of the heart, dry mouth, thirst for cold drinks in small quantities, poor appetite, burning in chest, palpitation at night, urging to urinate with partial inability, weak feeling of head, face puffy and red as if feverish, mind sluggish and depressed as well as irritable, and other prominent symptoms of arsenical action as found recorded in our *Symptomen Codex*.

I prescribed Lachesis<sup>200</sup>, and was to be seen or sent for if no improvement followed soon. In a few days a message came to call upon the patient, and with a brother physician the visit was made. It was now apparent that the heart's action was failing as well as intermittent and unsteady. Soon the patient was unable to lie down at all without a suffocative attack. All the organs except the heart performed their functions, though, of course, with diminished vital force. At length the heart itself ceased all regular or distinct beating and became as though a staying-pin had been removed with nothing left to steady or control its action. In its place was a tumbling tumult of labored movement with tired out distress of the patient, until

he at last laid down exhausted, went into an unconscious state, and in twenty-four hours more had ceased to live. His death occurred from heart failure on the 17th of June, just about six months from the date of his first surgical treatment.

What caused this heart failure? I wrote to the surgeon who treated the case with a suggestion of an arsenical poisoning, which he would not admit, because death had not been a more immediate result of its application. His conclusion on this ground was not to me convincing or satisfactory. He suggested age as the probable cause, but this was discussed before the arsenic was applied when no sign of ill health or breaking down had occurred. Kidney trouble was also mentioned. The action of these organs had been carefully noted and urine tested with no sign of abnormal condition. The heart itself as a seat of primary trouble was, of course, thought of, but this, too, had acted steadily and perfectly while its sounds were clear and healthy up to the time of treatment mentioned.

There had been some catarrhal condition of the throat and nasal cavities, but of no unusual or important significance.

In view, then, of the general healthy organic condition and vigorous age preceding the surgical treatment of the patient in this case, how shall we account for the sudden and immediate breaking down and decline of the patient after that event? Is it at all probable that it would have occurred at this time without the interference of the operation? If not, then in what way was the operation injurious? Was it by the sudden suppression or shutting up in the system of the humor heretofore escaping through the sore, or the severe shock produced upon the patient by the direct violent action of the Arsenic, or upon this together with its secondary poisonous effect by absorption, or upon these various causes, together with the advanced age, unable to withstand such a formidable combination? In this connection comes up the interesting inquiry as to the fatality of this disease if left to itself, and the length of time a subject of it could live comfortably undisturbed by any treatment. The object of this paper will not be accomplished except by exciting attention, discussion, and comments upon these points and also as to the availability of medicinal treatment in this disease which if anywhere must be found in our school. Imperfect results or doing one thing at the expense of another in the treatment of patients will not satisfy.

It is one thing to suppress a sore and another, without injury, to heal the whole man.

BROOKLYN.

J. B. ELLIOTT, M. D.

## PROCEEDINGS OF THE ROCHESTER HAHNEMANNIAN SOCIETY.

The regular monthly meeting of the Rochester Hahnemannian Society was held at the office of 'Julius Schmitt, M. D., July 17th, Dr. Grant in the chair.

Members present: Drs. Grant, Schmitt, Carr, A. C. Hermance, Baker; Dr. Brownell, of this city, was present as a visitor.

Minutes of the last meeting were read and approved. Sections 156 to 166 were read from the *Organon*.

Dr. Baker—Hahnemann says that in acute diseases an aggravation during the first few hours is generally an excellent indication that the disease will yield to the first dose; this is a sure guide for us not to repeat, but wait for the one dose to act.

Dr. Brownell—Do we not all get cases where there is no aggravation?

Dr. Carr—I saw a case last week, a man who had worked all day, had severe headache, dry heat, restlessness, pulse 104, temperature 103°. Prescribed Aconite. On the following day, headache the same, and worse from motion; restlessness gone; disposition to lie still; tongue white; soreness of the diaphragm; worse sitting up with nausea. Gave Bryonia. Twenty-four hours afterward, pulse was 88, temperature 99°; headache continued with many of the same symptoms of the day before; gave Sac. lac., and in twenty-four hours patient was cured. I believe the Bryonia aggravated the case, but as the pulse and temperature were better, I continued Sac. lac., and the case was cured in twenty-four hours.

Dr. Schmitt—I think Aconite was indicated at first; symptoms will change in twelve hours, calling for a new remedy. Bryonia was not indicated at the start. Hahnemann does not say aggravations must come; a case can be cured without any aggravation.

Dr. Carr—I place more dependence upon the aggravation the patients observe.

Dr. Schmitt—Hahnemann says in a medicinal aggravation, some symptoms will be better, so we may know it is an aggravation from the remedy and not the disease that is worse.

Dr. Brownell—When you get a seeming improvement, yet the pulse and temperature are worse, I look upon it as a bad sign.

Dr. Grant—I will give a case where the remedy produced



other drug symptoms. A married lady consulted me for a cough that returned every February and lasted until summer or warm weather, which would always relieve, and she was free from the cough until the following February. She had had measles three years before, and had taken cold during that illness. Her symptoms were: *severe racking cough; inclination to vomit during cough; aggravation in the morning; expectoration of yellowish mucus of a sweetish taste.* I gave Stannum<sup>200</sup>, one dose, and told her to come again in one week; the cough was cured, and there has been no return for the past two winters. I asked her when first she began to improve; she said the following morning, after she was in my office, she had the worst coughing spell she ever had, which was followed by profuse expectoration of saltish mucus. It was sweet before, now saltish; after this she improved rapidly.

Dr. A. C. Hermance—Sweetish mucus is characteristic of Stannum.

Dr. Carr—It was fortunate you told her not to come back for one week, for if you had seen her the next morning, you might have been tempted to do something.

Dr. Brownell then read an interesting and instructive

## REPORT OF A CASE OF DIPHTHERIA.

MR. PRESIDENT AND GENTLEMEN OF THE HAHNEMANNIAN SOCIETY: The case I have to report is one of a boy five (5) years old, of very dark complexion, with black hair and eyes, previously of good health, and with a naturally strong constitution. I first saw him (Sunday) June 24th last. He had been "dumpish," his father said, for two days; wanted to lie down. An examination showed considerable swelling of the tonsils, some redness of the fauces, and slight appearance of diphtheritic membrane. The child would not answer questions, and as both tonsils seemed equally affected, with no characteristic indications, I concluded to allow the case to develop, and gave placebos. Knowing I should be out of town on the following day, I directed the father of the child to consult my neighbor, Dr. Julius Schmitt. He did so, and Dr. Schmitt, thinking I had exhibited a remedy already, continued *Sac. lactis*. On Tuesday, the 26th, was called to see the child; found him with considerable fever; pulse, 114; severe pain on swallowing, and an extensive exudation nearly covering both tonsils, which were much swollen, though the left one was the worst. The membrane had a dirty yellow color; could get no subjective symptoms. Pre-

scribed Lachesis<sup>cm</sup>, one dose dry on tongue, with Sac. lactis every hour in water.

June 27th.—Found no improvement in the case, pulse is 122; respiration somewhat impeded, and a croupy cough, which evidently hurts the patient, has appeared. Much pain on swallowing; is quite restless; no thirst. Lach.<sup>cm</sup>, one dose, and Sac. lac.

June 28th.—Continuation of same symptoms, though all are more severe, and a decided increase of the croupy symptoms. Pulse, 128. Considerable yellow, stringy mucus discharged from fauces; tongue coated yellowish white, and is hard and small. Prescribed Kali bich.<sup>cm</sup>, one dose, and Sac. lactis.

June 29th.—Child is worse; a little bloody discharge from the nose, which smells horribly and makes the nose and upper lip sore; pulse, 130; croupy cough is more severe and makes the patient cry.

June 30th.—Respiration very croupy; sawing respiration; expiration more difficult than inspiration; increase of bloody pus from the nostrils; is very restless. Prescribed Aconite<sup>2c</sup> (Dunham), one dose.

July 1st.—Was called out of bed by father of child, who reported him much worse, said they hardly expected him to live until morning. Feeling much discouraged, I consulted Dr. Schmitt, and while awaiting him looked at Hering's *Guiding Symptoms*. Under Lac caninum I found the requirements of the case, a perfect picture appearing there under the Throat Symptoms. On seeing the child I found he had had several severe hemorrhages from the mouth and nose. The odor was still worse, being almost more than one could bear. Bloody pus was discharging from the nostrils so corrosive as to produce desquamation of the skin of the upper lip. Very great restlessness, child throwing himself about the bed in his distress; pulse, 168. It required very great effort to carry on respiration; a great deal of croupy cough which caused much suffering, the boy crying nearly all of the time. Tonsils swollen until they touched, and covered with a very thick membrane; uvula nearly covered, and where clear, of a bright redness, not markedly shining. Of course, I gave a very unfavorable prognosis. Also Lac caninum<sup>cm</sup>, one dose dry on tongue. At half-past eight P. M. saw him again; was much more quiet, his father saying he has slept some nearly all day. Improvement set in one hour after taking the medicine; discharge from nose and mouth less. Pulse, 144, being a fall of twenty-four beats in twelve hours. Since six o'clock P. M. restlessness has been increasing. Still cries when

coughing. Gave another powder of *Lac caninum*<sup>cm</sup>, followed by *Sac. lactis*.

July 2d, ten A. M.—Found the boy sleeping and breathing easily; no discharge from nostrils; some shreds of membrane coming from the mouth; pulse, 114. Gave *Lac caninum*<sup>cm</sup>, twelve powders, directing that he should receive one every twelve hours. He seemed to need a repetition of the dose at the end of that time.

July 3d.—Child is bright and playing; no cough; swelling of fauces much decreased; pulse, 96. His convalescence from this time was very rapid. He received no other remedy and had no sequelæ whatever. Lest there might be some question as to the diagnosis of this case, I will add that the child's father had only just recovered from a severe attack of diphtheria, and since there have been two other cases in the same family. The other cases all three yielding readily to *Lachesis*<sup>cm</sup>.

The case just reported has been of great interest to me, as a little more than two years ago I lost a case with identical symptoms. I wish to ask if the intensely corrosive discharge which accompanied this case may not be an indication for *Lac caninum*.

Dr. Carr—It is a question with me whether you ought to have repeated the dose once in twelve hours.

Dr. Brownell—He was always worse about that interval, and one dose of the remedy would always quiet him.

Dr. Carr—Did you try a powder of *Sac. lac.*?

Dr. Brownell—No, I do not think the child was old enough to know the difference. As to the cause of the disease, I believe that it was from some garbage, brought from the city by the Hookers Nurseries.

Dr. Schmitt—This case shows plainly the force of the pure dynamic remedy; this case was no coincidence.

Dr. Baker—Section 160 of the *Organon* reads: "The dose of a homœopathic remedy can scarcely be reduced to such a degree of minuteness as to make it powerless to overcome, and completely cure an analogous, natural disease of recent origin, and undisturbed by injudicious treatment."

Dr. Schmitt—Hahnemann would surely think so now if he knew we used the MM potencies.

Moved and seconded the paper be accepted and published in THE HOMŒOPATHIC PHYSICIAN. Carried.

Dr. Carr was appointed essayist for the next meeting. Adjourned to Dr. Carr's office in one month.

W. H. BAKER, M. D., *Secretary*.



## FORCES ENGAGED IN THE CIRCULATION OF THE BLOOD.

C. W. SPALDING, M. D., ST. LOUIS.

In the *American Homœopathist*, Dr. A. M. Cushing asks: "How does the blood circulate?" and after having seen the blood circulate in the arteries of a fly's wing, after it was torn from the body, concludes that the muscles of arteries "can continue the circulation without the assistance of the heart."

That the muscles of all arteries *aid* in the circulation is a well-established fact in physiology, but there are other forces that also contribute to the same phenomenon. Besides the rhythmical contractions of the heart, which may be regarded as the central circulatory force; the respiratory movements of the lungs, voluntary and involuntary; the contraction of voluntary muscles and the reflex force of the capillaries may be mentioned. "An attraction exists between all the fluids of the body and their respective destination and uses, and in the case of the blood a manifest attraction inviting that fluid away from the parts that do not require it toward those that do." That there is a living power in the tissues which invites and attracts the arterial blood, and at the same time repels the exhausted venous blood, can scarcely be doubted.

In speaking of the circulation of the blood, Michael Foster, than whom we have no higher *acknowledged* authority, says: "The heart is a pump, the motive power of which is supplied by the contraction of its fibres. Regarded as a pump, its effects are determined by the frequency of its beats, by the force of each beat, and by the quantity of fluid ejected at each beat. The quantity ejected at each beat is governed more by the state of the rest of the body than by that of the heart itself." Excepting the latter clause, I think this view must be regarded as fallacious. The muscular force of the heart is, of itself, insufficient to maintain the circulation of the blood. In addition to the forces already mentioned, there is another, more important in its action than the combined action of all the above-named auxiliary forces. I allude to the life-force resident in the blood. That the life of the body is in the blood, is evident from the fact that any function of the body other than the circulation of the blood may be suspended for a considerable time and resuscitation is still possible. Respiration may cease and all our conscious life be suspended, but so long as the blood moves life remains.

In the ordinary process of dying the motions of the heart, especially the systolic, sometimes continue long after respiration ceases, and all other outward signs of life disappear. The diastole of the heart is first enfeebled and grows weaker and weaker until the blood flows through the auricles, almost without perceptible contraction of these chambers. The systolic motion is the last to expire, and so long as this continues, even at long intervals, circulation is possible, unless prevented by other unfavorable conditions.

In vegetables, sap circulates in the absence of special organs, and in the lower animals the blood circulates without the *existence* of a heart, and in cold-blooded animals possessed of a heart, the movement of the blood continues after its excision and removal, as was the case with the fly's wing after it was torn from the body.

The onflow of the blood in the *venæ cavæ* causes an expansion of the auricles in the heart's diastole, and the pressure of the blood coming from the auricles partly fills the ventricles before contraction seizes the base of the heart. This movement of the blood, which is strong enough to open and command the heart valves, should not be attributed to the contractile force of the heart. The source of power in such case would, by its remoteness, be too uncertain for so vital an organ.

Is it, then, too much to assume that a vital circulatory force dwells in the blood itself? Harvey, in speaking of the egg, says: "First of all there is in it a drop of blood which palpitates, and from which are formed the auricles of the heart." As to the auxiliary forces there is not a point or function in the circulatory system but contributes to the movement of the blood.

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### WHAT IS THE REMEDY?

Some time ago we gave symptoms, asking for the corresponding remedies. Our subscribers have requested us to give them some more exercises of this kind, so we now give a few more.

1. In a recumbent posture the mental faculties and memory are perfect, but on every attempt to move, vertigo?
2. Headache internally, with sensation when turning of something loose in head, diagonally across top?
3. Sensation of stiffness around the eyes and in the eyelids; eye symptoms worse in the evening and in the open air?
4. Nausea; everything becomes black before the eyes, with pressure in the throat, incarcerated flatus, oppression of breathing, and rheumatic pains in the limbs?

5. Pressure in the pit of stomach, like a marble ; worse when sitting erect, with sensation as if something would be pressed off below the pit of the stomach ?

6. Sudden pains in paroxysms, across abdomen above umbilicus, from lower border of liver downward toward the left, then ceasing in right side ; worse from motion, better when sitting up ?

7. Palpitation up to the throat after going to bed ; trembling all over ; worse lying on right side ; better lying on the back ; anxiety ?

8. Shooting, stabbing pain from the heart through to the left scapula, causing violent beating of the heart ?

9. Pains worse sitting bent, yet feeling as if to do so was necessary, but relieved by sitting or standing upright ? [Gastralgia.]

10. Pain occurring at irregular times, continuing for no definite period, coming suddenly or gradually and leaving as uncertainly ? [Neuralgia.]

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## DEATH AFTER VACCINATION.

The following letter was written to the editor of the *Hertfordshire Standard*, England :

DEAR SIR:—The death of Dr. Warren S. Stokes, of Boston, from blood-poisoning caused by vaccination, has produced a profound impression in that city, and in the opinion of a member of the Massachusetts Legislature the compulsory law is doomed, and efforts will be made for its repeal in the next General Court.

From the *Boston Globe* of June 22d, it appears that Dr. Stokes being thrown constantly into contact with infectious diseases, and not having been vaccinated since his early childhood, determined to be re-vaccinated and thus make himself doubly sure against danger. The operation was performed by Dr. Wallace, on Saturday, June 2d. On the following Monday he suffered terribly from nausea and other symptoms of poisoning. Gradually getting worse he was taken on the 9th to the city hospital, where he became delirious, death ending his agonies on the 18th. A post-mortem examination revealed the fact that his death was solely due to blood-poisoning.

Commenting on this sad case the *Banner of Light*, June 30th, says : “As regards the practice of vaccination, we feel no hesitation in declaring it to be our firm conviction that it is a griev-



ous and unmitigated evil, and we earnestly hope that the profound excitement on this subject in Boston will, by stimulating to action those who up to the present time have allowed the disgusting but legally prescribed process to go on unchallenged, bring forth good fruit in an earnest, well-digested, and united effort on the part of her enlightened citizens to sweep away the Compulsory Vaccination Law which now encumbers and disgraces the statute book of the State."

WILLIAM YOUNG.

ATLANTIC-ROAD, BRIXTON, July 21st, 1888.

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### STUTTERING SPEECH.

Having recently attempted to cure a case of stuttering in a child, I have searched through all the homœopathic literature at my command to find if any cases of this trouble had ever been reported as cured by internal medication. No such case could be found; therefore, I now report such notes on the therapeutics of the disease, as I have been able to gather from the *Materia Medica*, and to ask if any of our readers have had any experience in treating this disease. I have greatly improved a case by the use of Mercurius, but have not cured it. The remedy was indicated by the catarrhal symptoms rather than by the stuttering. The following symptoms have been gathered from the *Materia Medica*:

ACONITE.—Speech stammering; no power of articulation; he uttered only unintelligible sounds; he lost all power of speech.

ATROPINUM.—Frequent stuttering, especially at words difficult to pronounce; never used to do so; articulation indistinct, rapid, and chattering.

BELLADONNA.—Speech rapid, interrupted; speech low, impeded; stammering speech; stammers like one intoxicated; indistinct speech, stuttering; difficult speech, difficult breathing, and great lassitude; afterward anxiety; paralytic weakness of the organs of speech.

BOVISTA.—Stammering; he stammered at times, particularly when reading; was not able to pronounce several words.

BUFO.—Stammering; difficult, impeded, and unintelligible speech.

CANNABIS-IND.—Stammering and stuttering; his lips failed of utterance as if paralyzed. (The Arsenic patient cannot speak because he cannot close his lips.)

**DULCAMARA.**—Stammering from time to time, as if intoxicated; indistinct articulation, though he tried constantly to speak.

**EUPHRASIA.**—While speaking, he recommences many times, not only repeating the first words of the sentence (a kind of stammering), but also after the periods, he frequently recommences, in order to select another expression; formerly he used to speak connectedly.

**MERCURIUS.**—SPEECH DIFFICULT ON ACCOUNT OF THE TREMBLING OF THE MOUTH AND TONGUE. Speech stammering and unusually very difficult; could scarcely speak from the state of agitation they were thrown in, the moment they were addressed or attempted to articulate; stammering, slow speech, difficult; entirely unable to speak on any excitement; stammered like a child; dreadful stammering; utterance embarrassed, indistinct and hurried.

**OPIUM.**—He is unable to talk with open mouth; he answered in a stammering manner, with interrupted articulation.

**PHOSPHORUS.**—Stuttered when endeavoring to articulate; speech, difficult, weak, and slow.

**PLUMBUM.**—Articulation imperfect, often even incomplete; sometimes, on attempting to speak he uttered only confused sounds, more or less intelligible.

**SECALE.**—Stammers unintelligible words between the teeth; speech, difficult and stammering; speech, slow and weak, with a feeling on every motion as if there were always some resistance to be overcome.

**SELENIUM.**—A kind of stammering speech, so that he made mistakes in talking, uttered syllables wrongly, and could not articulate many words at all for many days.

**STRAMONIUM.**—Stammering speech; difficult and unintelligible; a kind of paralysis of the organs of speech; he has to exert himself a long time before he is able to utter a word; he merely stammers and utters unconnected sounds. Can articulate, but the words he utters sound loud and harsh.

**TABACUM.**—While reading he cannot articulate; he reads very indistinctly, quite contrary to habit; speech difficult and unintelligible.

**VIPERA.**—Speech difficult and inarticulate; stammers a few unintelligible words, with weakness and sleepiness.

The patient I am now trying to cure is a strong, healthy boy, of six years. When trying to speak, the tongue is turned upward, much saliva gathers in mouth, and he keeps moving one foot or hand. Eats hastily. What is the remedy?

E. J. L.

## CLINICAL CASES AND PROVINGS.

E. W. BERRIDGE, M. D., LONDON.

(1) *Phosphorus*.—April 22d, 1888.—Miss L. L., about forty-five years old. Six weeks ago when going into cold wind, felt something strike icy-cold in centre of lower chest. Since then, cough caused by lying on right side, aggravated by eating and sometimes for a short time afterward; also worse on rising from bed in the morning; sputa thick, yellow, tasteless; cough causes pain like a smarting at front of throat, about root of tongue; constant pain in centre of lower chest as if stopped up; cannot draw a long breath on account of a feeling of weight in centre of lower chest, relieved by sighing.

I selected *Phosphorus* from Lee's *Cough Repertory*, and gave one dose of Cm (F. C.) at seven P. M.

April 23d.—Last night cough was worse when lying down in any position; no cough this morning; throat, chest, and breathing much better.

April 26th.—Has had no return of cough; chest feels much stronger.

April 29th.—Quite well, and has remained so.

(2) *Conium*.—August 21st, 1886, an American patient, recommended to me by the lamented Dr. Pearson, wrote as follows: "A member of my household, a young woman of twenty-five, has been for some months annoyed by red spots of different sizes, averaging perhaps half an inch in diameter, which appear on her legs, and sometimes on the right side of abdomen. They are not raised, and there is no itching or burning; but they sometimes turn bluish or green and look like bruises, and at times her legs feel numb; she seems strong and otherwise well, except that her feet are tender and sometimes swell and burn when she stands a long time." On writing for further information as to constitutional history, my patient replied August 26th, as follows: "She has observed the spots for more than a year; they once disappeared under allopathy, but came back in a few months. Her feet are sometimes cold on first lying down at night, but are usually burning both day and night, often swelled and feel stiff. This tenderness and swelling has always troubled her since she grew up and began to work. Her mother has suffered much in this way, and often has erysipelas in the legs after exposure to cold and over-fatigue. The veins in patient's feet, forearms, hands, and under knees, are much swelled; the swollen veins throb, but are not otherwise painful;



on pricking the finger the blood does not flow very quickly and is quite thick; menses have always been regular until since coming to Europe; since then irregular, and usually some days too soon; she always has had pain the first day caused by clots, but after that has been free from pain; menses last four or five days; her flesh bruises easily. Her father died of phthisis. Until these symptoms appeared, she has been very strong and well." On August 28th I sent *Conium*<sup>10m</sup> (Fincke), a dose in water twice daily for fourteen days.

September 17th I received the following report: "Decided improvement. The spots are more in number, but much smaller, and show a tendency to move, appearing and disappearing. On the whole they are lower down on the legs. The swelling and burning of feet is also less troublesome (the weather has been cooler). The small veins which were so deep a purple are much lighter in color and less conspicuous." *No medicine.*

October 6th reports, "Much better. The spots on the skin have entirely disappeared. The last menses were more comfortable, less copious, and no pain except on second day, when she thinks she took cold from a sudden change in weather. The only remaining trouble seems to be a feeling of languor and disinclination to exert herself, not natural to a person of her energetic temperament." *No medicine.*

November 7th, reports, "The spots on the skin entirely disappeared some time since and have not come back. Caught cold at last menses, which in consequence only lasted two days, with considerable pain, and followed by a troublesome leucorrhœa, which is now better. Otherwise she seems very well." This patient I treated entirely by correspondence without ever having seen her. I received no further report.

(3) *Calcarea carbonica*.—Major — wrote as follows: "John C., groom, aged thirty-six, got a chill and cold about December 7th, 1883, and ever since is deaf in left ear; sound in left ear as of a lot of trees waving; no pain. Aggravated by driving; feeling as if a slide was let down over the ear, and sometimes it goes up, but quite deaf under any circumstances. With finger in right ear is stone deaf, could not hear a cart going by. Above is present state and condition of my groom. Can you do anything for him?"

On January 12th, 1884, I sent him one dose of *Calcarea carb.*<sup>cm</sup> (F. C.)

1885, February.—Major — reported that it had cured his groom in a fortnight, and there had been no return.

(4) *Arnica*.—Mrs. C., aged fifty-four, consulted me June 11th, 1886. The left upper eyelid was ecchymosed, and also round left internal canthus. It came on suddenly two days ago, after rubbing it with a towel when washing. Has used *Arnica* lotion, but it has got worse. I ordered bathing with hot water, and gave *Arnica*<sup>mm</sup> (Fincke) in water twice daily.

June 19th, her husband reported that the eye improved in twenty-six hours, and that the discoloration had now nearly disappeared.

This case shows the superior action of a potency administered internally to the crude drug applied externally. Bœnninghausen pointed out years ago that even local injuries were often best treated in this way, and I have verified this in the case of sprains and bruises.

(5) *Arnica*.—October 31st, 1886, the same patient wrote to me. A week previously she had a severe fall down two-thirds of a spiral staircase, and as she is very stout and has a weak heart it was a serious matter. She was severely shaken, and her back and sides much bruised and very painful. She used Elliman's embrocation, which relieved her pain in back and right side, and the bruised appearance; but the pain at the heart increased. She now has pain in the muscles on left side of spine and around heart; every few minutes she draws a long breath which causes a very acute sharp pain at apex of heart, and it is getting worse. On November 1st I sent her three powders of *Arnica*<sup>mm</sup> (Fincke), a dose in water to be taken thrice daily for six days.

November 9th, reports improvement in twenty-four hours; now the bruised pain is almost gone, and only a little pain at heart, but riding in a carriage has increased it again. She has less frequent occasion to take a deep breath, and when she does so the pain is less acute. *No medicine*.

December 24th, writes to say that she has been quite free from pain for some time.

(6) *Sepia*.—Mrs. B., aged thirty-two, wrote July 23d, 1885, that for forty-eight hours she had suffered from irritation in vagina (she used to suffer from it during pregnancy, but she was confined about two months ago), worse during night and from friction; the irritation is a smarting and itching, and the vagina protrudes and is somewhat swollen, with a sense of weight there; the irritation prevents sleep. *Sepia*<sup>cm</sup> (F. C.) twice daily for fourteen days.

August 14th, wrote that the irritation and other symptoms ceased in four days and did not return. I have no doubt a

single dose would have cured equally well. Some cases require a repetition, but I can now see that I have often unnecessarily repeated the dose in former years.

(7) *Causticum*.—May 1st, 1885.—Mrs. D. had sudden pains at four P. M. in inner side of right thigh where it joins the body as if a bruise were pressed on; worse when throwing left foot forward in walking and so bearing all the weight on right foot. At half-past eight P. M., the pain having continued, I gave her one dose of *Causticum*<sup>cm</sup> (Swan). In two hours she was better, and next day only a little pain was felt. On May 27th she reported that there had been no return.

(8) *Kali carbonicum*.—December 19th, 1884, Mrs. D. For four mornings at four or five A. M., violent, exhausting sneezing, lasting about two hours; during and after sneezing running of clear water from left eye and left nostril. *Kali carb.*<sup>cm</sup> (F. C.) one dose.

December 24th.—Had no return of symptoms till about seven P. M. December 20th, when the sneezing returned. On December 22d it returned about eight A. M., but much less severe. Last evening it returned slightly, and severely between four and five A. M. this morning, with running of left nostril and left eye. As the action of the dose appeared to have ceased, and the symptoms began to return in their original severity, I gave one dose of *Kali carb.*<sup>3cm</sup> (Fincke), which removed them at once and permanently.

(9) *Lachesis*.—July 23d, 1887, Mrs. — complained that when walking on hard ground (not when ascending or descending stairs) a pain catches her in middle of left thigh, rather toward inner side, when she puts the left foot forward. There is a crack in bend of right thigh where it joins body; also cracks between second and third toes of right foot, and between all the toes except first and second of left foot. For the last ten days violent sweat on genitals, extending over lower abdomen nearly to umbilicus, with a feeling as if the skin there would come off if rubbed. *Lachesis*<sup>mm</sup> (Boericke), one dose.

August 26th reports that the pain in thigh ceased at once. The cracks went away very soon. The sweat and sensation as if the skin would come off did not return. Now the cracks between toes have returned, also in bend of right thigh, with itching between left toes. *Lachesis*<sup>9mm</sup> (Fincke), one dose.

The symptoms speedily departed and have not returned to this day, July 31st, 1888.

(10) *Ignatia*.—April 27th, 1885.—Miss R. complained of pain like a bad bruise over right eye, worse on bending head



down; the spot is very tender to pressure; exposure to wind brings on the pain; also she has pain like a tight band over vertex laterally. *Ignatia*<sup>mm</sup> (F. A.) twice daily for fourteen days.

July 4th.—Reports that the pain soon ceased. For a week the bruised pain over right eye has returned. The feeling of a tight band is felt occasionally on waking. A repetition of the medicine removed it, and when I last saw her, March 29th, 1886, it had not returned.

(11) *Alumina*.—Mrs. R., aged sixty-four. May 16th, 1885, complained that her stomach felt as if being scraped; the pain goes through to back; it is worse about two hours after food; it also comes on almost directly after stool. She has had it at times for nine or ten months. *Alumina*<sup>cm</sup> (F. C.) twice daily for fourteen days.

August 6th.—Reports that the symptoms ceased in about a week, and did not return till a week ago; it is now worse about two hours after food. *Alumina*<sup>cm</sup> (F. C.) twice daily for fourteen days.

August 15th.—Reports the pain just as severe, and accompanied by a pricking as if stomach and abdomen were being tapped with the bristles of a hair-brush. She had this new sensation last August, but less severely. Yesterday the pain was worse than ever. This was clearly an aggravation from unnecessary repetition of the dose, so I stopped it at once.

August 25th.—Reports much better; “never had medicine which acted so quickly” as leaving off the powders. The symptoms soon ceased, and when I last saw her, January 6th, 1886, there had been no return.

(12) *Lachesis*.—Mr. P., aged fifty-two. August 11th, 1886. Has had a bad cough for some time, treated allopathically in vain. Now has hacking cough all day with whitish, frothy sputa, formerly salty. Cough worse in damp weather; excited by tickling in throat; sputa on waking is harder, and a dirty yellow color. At times noisy escape of flatus downward when coughing. *Lachesis*<sup>cm</sup> (F. C.) twice daily for fourteen days.

August 25th.—Writes that cough is almost gone, very little accumulations during night; occasionally, between ten and eleven P. M., a little tickling high up in throat, causing cough for about ten minutes. Damp weather still increases cough. No medicine.

September 20th.—Reports cough quite gone.

(13) *Lycopodium*.—July 31st, 1886, Miss L. complained of an unpleasant taste in the mouth; all food tasted bitter; directly

food or water touched the palate, it seemed to diffuse a bitter vapor through the mouth and throat. *Lycopod.*<sup>cm</sup> (F. C.) twice daily for fourteen days.

September 20th, reported that there was no change while taking the medicine, but that an improvement commenced directly afterward; the symptoms soon ceased, and did not return.

I have noticed the same phenomenon in several other cases, which is a strong argument against the repetition of the dose.

(14) *Kali carbonicum*<sup>cm</sup> (F. C.) removed a feeling of emptiness in chest after cough.

(15) *Thuja*<sup>cm</sup> (F. C.) removed by the following day, a feeling of upward pressure in soft palate, in a case of catarrh.

(16) *Carbo-veg.*—April 16th, 1886, Mrs. B. has been worried by her sister's illness in February. For last six weeks, headache on vertex, as if carrying an immense weight which would break through skull; she feels it all day, and whenever she wakes at night; it is worse from reading or writing, better by walking in open air. *Carbo-vegetabilis*<sup>cm</sup> (F. C.) twice daily for fourteen days. She slept better the following night. On 22d wrote, "I am getting on wonderfully." Soon cured.

(17) *Lachesis*.—August 6th, 1885, Miss R., aged twenty-nine, took *Lachesis*<sup>cm</sup> (F. C.) twice daily for fourteen days for a cough which it removed.

August 25th, reports a perfectly new symptom; for two last weeks, feeling of a hot iron at back of right eye.

(18) *Kali carb.*—October 18th, 1883, Miss B., aged sixty-four, complained of the following symptoms: Wakes about three A. M., with feeling of discomfort and cannot get to sleep again, unless she first gets out of bed; then she passes much urine, which relieves her generally, and she can sleep; at the same time there is cramp in right elbow and shoulder. Since childhood, if she lies on right side, feels stagnant all over and cold, especially in feet; if she turns over on to left side, the blood feels as if it trickled back into feet, and she feels comfortably warm all over. If she goes to sleep on right side, she wakes with a start and feels cold. From 1878 to 1880, after worry and fretting about her mother's death, had retching at three A. M. *Kali carbonicum*<sup>cm</sup> (F. C.) every morning for seven days.

October 25th.—Wakes now after six A. M. instead of at three A. M., and without the usual discomfort; otherwise unchanged. Repeat medicine for seven days.

November 2d.—Sleeps naturally; no more cramp. No medicine.

November 9th.—Has been able to lie on right side, and one

night slept on it without any discomfort; sleeps well. *No medicine.*

November 16th.—Weather has been colder, and she has not been able to lie so well on right side. *Kali carbonicum*<sup>cm</sup> (F. C.) twice daily in water for eight days.

November 26th.—Can lie on right side without any discomfort; sleeps well.

February 29th, 1884.—With the exception of a temporary difficulty in lying on right side last December, has had no return of symptoms.

(19) *Calcarea*.—The same patient complained that her feet were actually cold, and felt subjectively wet, as if she had damp stockings on. *Calc-carb.*<sup>cm</sup> (F. C.) removed this symptom. She was gouty, and her father had chalky gout.

(20) *Veratrum*.—January 20th, 1887, Mrs. B., aged thirty-five, complained of empty feeling in abdomen after stool, as if she needed food; also headache on vertex about five P. M. *Veratrum album*<sup>cm</sup> (Fincke) cured.

(21) *Causticum*.—Mr. A., aged forty-five, reports that about six years ago he took *Causticum*<sup>6</sup> three times daily, for deafness. It caused a feeling about apex of heart as if there was strings there breaking. Twice afterward he took the same medicine twice daily, and each time it produced the same symptoms, but to a less extent.

(22) *Rhododendron*<sup>200</sup> cured swelling and hardness of left testis, following gonorrhœa. He used to have headache before a thunderstorm.

(23) *Baryta carb.*—January 15th, 1888.—Mrs. B., aged thirty-seven, has been out of health for two or three weeks, from nursing sick children. Feels *weak at eight P. M.* Sleep bad, wants to lie in bed mornings. *Feels full after a mouthful.* Low spirited. *Baryta carb.*<sup>cm</sup> (F. C.) one dose at half-past eight P. M. Next day very much better, and soon cured.

(24) *China*.—A boy, aged fourteen; diarrhœa for nearly two weeks, during and after meals; to-day it has come on at half-past four A. M., quarter of six A. M., eight A. M., and three times since; not much in afternoon: stools dark, painless. *China*<sup>cm</sup> (F. C.) three doses cured.

(25) *Sulphur*.—Mrs. G. for four days (after convalescence from pneumonia) pain in both shins, especially left, worse when standing; outer side of left lower leg swelled; boring pain in left lower leg, like a gimlet going just below knee to ankle. *Sulphur*<sup>dm</sup> (F. C.) every four hours. Symptoms suddenly ceased in two days.



(26) *Mercur. vivus*.—Mrs. D. had pain in throat on empty swallowing, as if swallowing over a tender lump; first on right side, then also on left; throat inflamed. *Mercurius vivus*<sup>cm</sup> (F. C.) cured.

(27) *Rhus*.—Miss T., aged twenty, had pains like a knife in right abdomen, on walking. *Rhus tox.*<sup>101m</sup> (F. C.) cured.

(28) *Lycop.*—Miss T., suffering from phthisis, took *Lycopodium*<sup>cm</sup> (F. C.) alternate mornings for fourteen days. It caused feeling of a lump in left lower abdomen, with pain, making her feel lame when walking. Never had it before.

(29) *Rumex*.—For some weeks, when undressing at night, I had itching of legs below knees, removed only by violent scratching, sometimes so as to draw blood. One dose of *Rumex crispus*<sup>cm</sup> (Fincke) cured.

#### ERRATA IN HOMŒOPATHIC PHYSICIAN.

P. 428, line four, for *light* read *sight*.

P. 429, line fourteen, for *greenish* read *grayish*.

P. 366, line five from bottom, for *light* read *fight*.

P. 368, under *Thuja*, for *eructations* read *erections*.

P. 434, line four from bottom, for *Lact.* read *Lachesis*.

#### HAHNEMANN'S USE OF THE TINCTURE.

EDITORS HOMŒOPATHIC PHYSICIAN:—In the September number of the journal you have quoted a case treated by Hahnemann, and have there said: "A dose of this drug was given in a low potency, and the patient was well the next day." Hahnemann's prescription was exactly this: "As the woman was very robust, and as the forces of disease had affected her organism so painfully that she was not able to continue her work, and as, moreover, her vital powers were unimpaired, I gave her a full drop of the tincture of Bryonia \* \* \*."

So it seems that he didn't give her a *potency* (so-called) at all, but the *crude drug*.

Let us have it exactly as it is.

WASHINGTON, D. C.

CHAS. B. GILBERT, M. D.

(NOTE.—Dr. Gilbert is entirely correct in saying Hahnemann gave the *tincture* of Bryonia in the case reported. In using the word *dilution* an unintentional mistake was made; there was no intention to mislead. But the whole truth as to Hahnemann's later views is that he regarded the use of the tincture as unwise and not to "be imitated." Vide foot-note, page 771, *Lesser Writings*.—E. J. L.)

## HOW IS THIS?

A physician of prominence in Central New York sends us a letter, lately received from a relative. From it we quote:

"We have had recently a homœopathic physician stop with us over night. He left us certain medicines adapted to certain ailments, and asked us to make use of them in our own family, and if successful to recommend them to our neighbors and friends. The doctor also left us a copy of Bœricke & Tafel's *Medical Index*, a key to the treatment of common ailments. Now, Kittie has been troubled with constipation so long that it has almost become chronic, yet she absolutely refuses to take his medicines without first consulting you. You will remember that once upon a time you treated her for a certain ailment with *complete success*, hence her faith in your advice. Now this doctor gave us, as remedies for constipation, 716 Sulphur, taken in the morning, and 501 Nux-vomica, to be taken in the evening; he gave it as his opinion that these would work a complete cure. He also left 28 Aconite, 420 Ipecacuanha, 477 Lycopodium, 603 Phytolacca, 632 Pulsatilla. Do these remedies correspond with your treatment?"

"The doctor said he was traveling about from pure love of Homœopathy, and did not expect to get the confidence of the people until by the use of these remedies they became satisfied that his advice was right. He also asked that we study the *Index*, suggesting that by a knowledge of it we might be able to take care of our own family, except in sudden or extreme cases."

We do not know who is responsible for this itinerant physician, but we do believe he is doing much harm both to Homœopathy and to its clients. Those of the laity who use such guides as this *Medical Index* will find that they aggravate simple diseases or maybe render grave cases hopeless. Every homœopathic physician should do his utmost to discountenance all such missionary work. The *Medical Index* referred to in this letter is simply a farce, pure trash; no physician ever knew enough of Homœopathy to use this so-called *Index*; how, then, could a layman use it? Here is its advice under head of "FEVERS: Simple, Aconite; aguish, Arsenicum; scarlet, Aconite and Belladonna; rheumatic, Aconite and Rhus-tox."

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### ERRATUM.

The Secretary, in his report of the Syracuse Hahnemannian Club, page 492, line twenty-five, uses the word *non-contagious* instead of *non-infectious*. A misuse of words in such connection gives rise to erroneous ideas.

S. L. G. L.

## BOOK NOTICES.

**THE HOMOEOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS, AND CHOLERA INFANTUM, ETC.** By James B. Bell, M. D. Third edition. Philadelphia: F. E. Boericke. The Hahnemann Publishing House. 1888.

The first edition of this valuable book was issued in 1869, and since that date the work has been a standard authority in all that pertains to the therapeutics of diarrhœa and dysentery. Having been so long before the medical public it needs no encomiums to enhance its value; the work is one which no homœopathic physician can afford to be without. It has been the means of saving very many lives. No greater commendation than this can be given any medical work.

An especially valuable feature of it is the clinical advice given after the therapeutics of each remedy. These notes are brief, clear-cut, and reliable. They have, doubtless, greatly aided many a physician in times of doubt and perplexity. This new edition contains the therapeutics of five new remedies. Four remedies, given in the previous edition, are omitted, viz., *Cactus*, *Castoreum*, *Euphorbium*, and *Opuntia*. Had running headings been used the work could have been consulted the easier. If an addition may be allowed, we would note here a symptom of *Croton-tigl.*, which is peculiar to that remedy in diarrhœa. The characteristics of *Croton* are the yellow, watery stool, its sudden, quick discharge and prompt aggravation after taking food or drink; add to these the peculiar "sensation as of water swashing in the abdomen" whenever moving. Another comment: on page 175, we read: "Urination only possible with stool," which means only possible when straining, as at stool; this is the correct symptom. To pass urine the patient must strain as though he would have a stool. On page 125, we have another rendering of this symptom, and one we believe to be wrong. It is, "Expulsion (of stool) only possible when urinating."

In the preparation of this new edition Dr. Bell was assisted by Dr. S. A. Kimball, also of Boston.

**EXCESSIVE VENERY, MASTURBATION, CONTINENCE, ETC.**  
By Joseph W. Howe, M. D. Pages 299; price, \$2.75.  
New York: E. B. Treat & Co. 1888.

Dr. Howe's lectures treat of a subject upon which all physicians should be well posted, and also one upon which there should be no hesitation in speaking *plainly* to patients. This work is, therefore, worthy of careful attention.

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## NOTES AND NOTICES.

**REMOVALS.**—Dr. R. B. Johnstone, from 1429 Chestnut Street to 1319 Walnut Street, Philadelphia; Dr. G. W. Sherbino, from Abilene to Dallas, Texas; Dr. Jennie V. H. Baker, from 245 South First Street to 512 Bedford Avenue, Brooklyn; Dr. W. Steinrauf, from Nokomis, Illinois, to St. Charles, Missouri.

**ERRATA.**—In September issue, page 476, sixth line from bottom, for *sure* read *rare*; page 475, for *tenacious* read *voracious*; line fourteenth from bottom, for *then* read *by*.



THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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THE HOMŒOPATHIC MATERIA MEDICA; ITS  
USES AND ITS IMPERFECTIONS.

Ever since the earliest editions of Hahnemann's *Materia Medica Pura* were published, there have been physicians who have continually cried out against its assumed imperfections and errors. The homœopathic materia medica has never been considered perfect, nor has it ever been claimed to be free from errors; nor will it ever be perfect or entirely free from errors, unless, indeed, it find an *infallible* being to create it. Everything that has yet come from the hand of *man* is imperfect, and will doubtless be always so. Considered as a *human* production, the homœopathic materia medica is about as perfect and as free from error as most productions of fallible man, considering its age, noting the comparative few who have labored upon it, observing the many difficulties which surround such work. When these things are remembered, then one is amazed at the state of comparative perfection the homœopathic materia medica *has* attained.

In considering the value of a materia medica, it must be judged according to the purpose for which it is to be used; it will be readily seen that it may be almost perfect for one purpose and entirely useless for another. The materia medica of the old school may be a very useful work when used according to their theories, but it is certainly useless when judged by the homœopathic practice. The same thing may be true if the ho-

mœopathic materia medica be used according to the theories of the old school. For example, we can see no guide in our pathogenesis of Opium for giving a hypodermic injection of Morphia for a neuralgia, say; nor would the allopath find any guide in his study of Opium for its use in, say, constipation. The allopath prescribes, in the main, for diseases, or pathological states; the homœopathic physician prescribes for the patient alone, for the symptoms of the individual before him. The practice of each school being so radically different, their therapeutics must also be different; hence he who tries to prescribe the materia medica of one school according to the practice of the other school is sure to find that materia medica imperfect and useless. As we have remarked, there never has been a time in the history of our school when we have been free from harsh critics of our materia medica. These critics have declared the homœopathic materia medica to be little less than a collection of fanciful falsehoods. These critics have used this materia medica, they say, and found it faulty; but how have they used it? Have they not, to a man, used it in an entirely different method from which it is intended to be used? Have they not, to a man, tried to practice a rude kind of allopathy with this homœopathic materia medica? Are their failures to be at all wondered at? Would not success with such methods be more surprising? None of these critics would find the materia medica faulty if they could do good cure-work with it; few or none ever complain of an instrument which serves them well. These gentlemen have, as a rule, been trying to practice allopathy with the homœopathic materia medica, and they have found they could not do it successfully; hence they would revise it so they can better attempt this anomalous feat.

The homœopathic materia medica was never intended to be a treatise upon pathology or physiology or botany, but merely the simple record of the pathogenetic and clinical effects of drugs. This record was created to be used in curing the sick according to the law of the similars, and for nothing else. So long as it enables physicians to do this successfully it is a success; when it fails to be the medium of curing the sick, then it will be a failure. Its value can be judged by no other test.

Those who claim to have faith and confidence in the accuracy of this materia medica also say they can and do make wonderful cures with it; on the other hand, those who declare this materia medica to be erroneous and unreliable are those who not only disclaim success for themselves, but go so far as to deny that

others are successful with it. Which gives the more reliable testimony?

Now let us briefly review a few of the items of evidence in favor of the truthfulness of the homœopathic materia medica. It has long been the established rule in evidence that the unimpeached testimony of two or more witnesses is sufficient to prove a case. Many a man has been convicted on less testimony than that we are able to adduce in favor of the accuracy of our materia medica. We claim its accuracy and reliability are proven by—

1. *The symptoms recorded by the provers were mostly new to them; had never been observed before taking the drug.* In Allen's *Encyclopedia* we find this frequently commented upon by the various provers. A sensation that begins as soon as one commences to take an unknown drug and ceases almost as soon as that drug is stopped, supposing also that the sensation had never been noticed before, cannot fairly be ascribed to any other influence than that of the drug taken.

2. *The repetition of similar symptoms in different provers.* Our drugs have been proven upon many different persons. In most cases the name of the drug taken is not known to the prover nor the results of previous provings, yet we find symptoms repeated over and over again in the experiences of different provers. A most noted case of this kind is the now celebrated Austrian re-proving of *Natrum muriaticum*, which was undertaken by skeptics attempting to show the falsity of Hahnemann's work. These skeptics were convinced against their own avowed prejudices.

3. *The similarity existing between the symptoms of related drugs.* One of the clearest proofs we have of the accuracy of our provings is to be found in the strong likeness existing between the pathogenesis of drugs which are related chemically or botanically. To observe this compare the provings of Bromine, Chlorine, and Iodine; or those of *Crotalus*, *Elaps*, *Lachesis*, etc.; or those of *Rhus-tox.*, *Rhus-rad.*, and *Rhus-ven.* So also in those compounds in which Phosphorus or Sulphur enter, there will be found throughout their provings numerous traces of Phosphorus or Sulphur, as the case may be; in the provings of the *Natrum* salts a great similarity exists. This list of examples might be indefinitely extended, but enough cases of similarity have been given here to show the force of the argument.

4. *Clinical confirmation of pathogenetic symptoms.* There can be scarcely any doubt as to the reliability of symptoms which have been produced upon a healthy organism and cured



in a sick person ; this has been done with the larger portion of the symptoms of our *materia medica*.

5. *Judged as a whole, the accuracy of the homœopathic materia medica is proven by the clinical results it has achieved.* This *materia medica* has proven itself to be so useful that the old school has in part adopted it ; has attempted to make one somewhat after the same pattern. It is to this *materia medica* that Homœopathy owes its reputation ; it is this *materia medica* which has enabled physicians to cure many diseases which had hitherto been pronounced incurable ; it is this *materia medica* which has enabled physicians to greatly lower the death-rate in all diseases. Are not these witnesses worthy of credence ?

Have the opponents of the homœopathic *materia medica* ever brought forward any evidence in favor of their views ? Do not their attacks upon it consist entirely of unsupported declarations, which are valueless ?

E. J. L.

## MATTEISM—THE LATEST CRAZE.

E. W. BERRIDGE, M. D., LONDON.

The medical world has just been startled by a new book entitled "*Electro-Homœopathic Medicine: A New Medical System, being a Popular and Domestic Guide Founded on Experiences by Count Cæsar Mattei. Translated by R. M. Theobald, M. A., M. R. C. S.*" Had this pretentious work stood merely on its own merits, it might have been dismissed with silent contempt. The Count is not a physician, but simply a well-meaning though very opinionated old gentleman, who has been dabbling in the curative properties of herbs for many years, and thinks he has made a new pathological discovery on which a new and improved system of medicine may be founded. Had he confined his attention to making provings under the guidance of a homœopathic physician so as to insure freedom from ludicrous anatomical blunders, he might have been of some service to humanity. But in posing as a system founder, with the necessary accompaniment of being a system destroyer, he has completely mistaken his rôle. His system, which he calls "perfect," and, moreover, has the assurance to call "perfected Homœopathy" and names "Electro-Homœopathy,"\* is founded, not on facts, but

\* NOTE.—"Electro-Homœopathy" is good. Electro-plate is a spurious imitation of plate ; therefore Electro-Homœopathy—need I finish the sentence ?

on a pathological theory of his own. And as it happens that this pathological theory is erroneous, the system based thereon must be erroneous also, and all cures made in accordance with it must be accidental. Furthermore, in his attempt to compare his system with that of Hahnemann—of course, to the disparagement of the latter—he makes assertions regarding Hahnemann's teaching which are so wide of the mark, and even in such diametrical opposition to the truth, that the conclusion is irresistibly forced upon one that he never read Hahnemann, but obtained his ideas about Homœopathy from some prejudiced allopath.

But when we find this teaching indorsed by a legally qualified physician, and, moreover, by one whose name appears in the so-called *Homœopathic Directory*, we can no longer ignore it: the matter demands the strictest investigation.

Dr. Theobald says (p. viii): "Those who have carefully experimented with these remedies know that they are capable of exercising extraordinary therapeutic action in many cases which are not amenable to any other known treatment." In illustration of this assertion he declares (p. ix): "My first experiment with Count Mattei's remedies was many years ago, in the case of a young lady reduced to the last extremity of emaciation and exhaustion by marasmus, or wasting disease of the intestines. Ordinary homœopathic treatment by myself, and those who studied the case in consultation with me, produced only unimportant mitigation of symptoms, and in sheer desperation I fell back upon Electro-Homœopathy. Under the use of Scrofoloso and other remedies she rapidly recovered." This is at first sight a remarkable assertion, and one which we cannot ignore. It demands the closest scrutiny. If it be true, then Homœopathy is insufficient, and Electro-Homœopathy must be studied; if it be false, the sooner the bubble is burst the better.

But on attempting to analyze this case we find the necessary elements wanting. Hahnemann's well-known challenge has not been accepted. Had Dr. Theobald published a full account of this case, we should then have been able to ascertain whether the remedies which failed were really homœopathic to the case or not. As it stands at present, it merely shows that certain unknown remedies cured after other unknown remedies had failed. We are none of us infallible, not even the youngest of us, and it is quite possible that Dr. Theobald and his colleagues may have failed to solve the homœopathic equation. This case, therefore, without further details, no more shows the insufficiency of Homœopathy than did the experiments of Andral. I

here repeat the challenge of the master. Will Dr. Theobald take up my gauntlet?

At p. viii Dr. Theobald says, "So far as the relation of these remedies to ordinary Homœopathy is concerned, I regard them myself as homœopathic remedies of a very large range of action." I do not find here that precision of diction which I should have expected from the writer. No remedy can be either homœopathic or allopathic in the abstract. They are homœopathic to a given case only when the symptoms of medicine and patient correspond according to the law of *Similia*, and they are prescribed homœopathically only when administered in accordance with that law. But as Mattei gives no provings of his medicines (indeed, he states that they have no pathogenetic action on the healthy, which is not only a glaring absurdity, but an actual fallacy), and as Dr. Theobald selects them according to Mattei's peculiar pathological theory, and the vague yet complex routine which he indicates, how can he say that they are homœopathic remedies? Possibly he means that their curative action is so pronounced that it must be a homœopathic action, though the prescriber knows it not. If this is his meaning, I agree with him. But why not, then, prove the remedies, that they may be administered with the almost unerring certainty that the law of similars bestows? And if he can find no provers, at least let him give us his cured symptoms. But, perchance, he follows Mattei in his unscientific practice of alternation. This will vitiate every good result which may have been empirically obtained.

Dr. Theobald continues: "Neither the Count nor any of his genuine disciples [alas, poor man! has he also false disciples? If so, he at least in one respect resembles Hahnemann] are disposed to undervalue the transcendent merit of Hahnemann as the greatest medical reformer the world has ever seen." This anticipatory whitewashing of the Count is very ingenious, though I doubt whether he will fully approve of any but himself being declared to be the "greatest medical reformer." Unfortunately for the writer, it is refuted by Mattei's own words. Although Mattei compliments Hahnemann in words (he could hardly do less after having appropriated the name and some of the remedies of Homœopathy), he only places the master on a pinnacle in order that he may soar above him before the eyes of an admiring world. "This people honoreth me with their lips, but their heart is far from me." Neither is the writer more happy in his statement that Matteism is "an extension and simplification of Hahnemannian Homœopathy."



It is rather a limitation and mystification. It, like Schussler's craze, substitutes a limited materia medica for the vast and ever-increasing armamentarium of Homœopathy; it offers us a quasi-allopathic system of polypharmacy for the single remedy of true science, and teaches the selection of the remedy according to pathological fancies (a layman writing on pathology) instead of semiological facts.

Dr. Theobald next gives an additional excuse for preferring Matteism to Hahnemannism: "Those who have endeavored faithfully to apply ordinary Homœopathy according to the directions of Hahnemann, know how prodigiously difficult it is to find a clue to the perplexities of the materia medica, so as to bring its resources within the grasp of persons with an ordinary measure of working capacity and a limited measure of time for attention to individual cases. The real difficulty with ordinary Homœopathy is not in the theory, which is as well demonstrated as any other ascertained law of nature, but in the practice. It seems almost beyond the reach of human faculties to wield such a mighty mass of isolated facts and bring them into actual application. It is too ideal. Its administration requires a *corps* of heaven-born *illuminati*, endowed with an insight or an inspiration not granted to ordinary mortals. It is too esoteric; it postulates a higher order of faculty than that of normal human development. That it will be simplified as it is more diligently worked, I have not the shadow of a doubt; the method of 'keynotes' is a great advance in this direction. Meanwhile, Electro-Homœopathy presents itself as a system in which the rigid individualization of Homœopathy is not required."

Here Dr. Theobald releases from the sack a feline quadruped of remarkable proportions. There's the rub, as Hamlet says. Matteism is valuable—to the lazy and ignorant. But has it never occurred to Dr. Theobald that there can be no royal road to learning, either in Homœopathy or anything else? If a physician is unable to grasp the science and art of Homœopathy, would it not be much better for all concerned that he should turn his attention to some other field than therapeutics, in which he may exercise to the full any other abilities which he may possess? After what Dr. Theobald has written, I almost hesitate to declare that I find none of that "prodigious difficulty" to which he refers; for it might seem like arrogating to myself a sort of divine inspiration. But it is true, nevertheless; and if Dr. Theobald, instead of wasting his undoubted ability on Matteism, had followed my example and striven to complete the repertories up to date, he would not have found

himself disappointed.\* Dr. Theobald also seems to me to be wide of the mark when he speaks of the keynote method as an "advance" in the simplification of Homœopathy, for it is simply what Hahnemann himself taught when he wrote about characteristic symptoms; but be that as it may, how is Homœopathy to be advanced in the direction of simplification, if her adherents coquette with another mistress? And is not Dr. Theobald's expression, "meanwhile," rather derogatory to Mattei, who claims that "my Electro-Homœopathic system of medicines is the only true and efficient healing force"? I am not at all sure that Matteism is a simplification of treatment. I have carefully studied it, as I do all systems of healing (even the latest idioey known as Christian Science, on the *lucus a non-lucendo* principle, because there is no Christianity and less science in it, which, so far as it is true, is simply a form of mesmerism, but mixed up with a number of improved theories and arrogant pretensions on the part of some of the "Shrieking Sisterhood"), and I find the rules given of the most indefinite and unsatisfactory character. If it really is simpler than Homœopathy, Matteism may suit some minds just as well as any other form of mongrelism, with the obvious advantage of being both novel and mysterious. But the eulogy here pronounced, that it avoids the "rigid individualization" of Homœopathy, reminds me of a dictionary I once saw, which stated on its title-page that it was "adapted to the meanest capacity." I expected something better than this from one of Dr. Theobald's mental calibre.

Dr. Theobald refers to the "perpetual surprise" which the "magical and marvelous" action of Mattei's remedies causes even "to those who have long used them." Do not the Hahnemannians experience the same? Yea, verily they do; but it is only at the commencement of their investigations; for afterward they are so accustomed to "magical and marvelous" results following the administration of their remedies as surely as effect must ever follow cause, that "surprise" only exists when from some error on their own part these results do not follow.

Dr. Theobald concludes his preface by stating that "there is no real rivalry between Electro-Homœopathy and ordinary Homœopathy;" and that "no one who has noticed the safe, swift, and delightful efficacy of a well-selected† homœopathic remedy can

\*NOTE.—Many years ago I gave Dr. Theobald copies of my MS. repertoires, and he acknowledged to me that they had been of immense use to him, leading him to remedies which he could not have otherwise discovered.

†NOTE.—This admission is a proof that in his quoted case of failure, the remedies were not "well-selected."

consent to forego the advantage of such potent remedial agents. Nor does Count Mattei desire this. He claims for his system that the remedies are illustrative in a conspicuous degree of the homœopathic law." With none of this can I agree. Mattei's system is worse than being the opposite of that of Hahnemann; it is Satan clothed as an angel of light, but, fortunately, only waiting the spear of Ithuriel to unmask the deception. How can he consent to the use of homœopathic adjuncts when he declares, "I have succeeded in discovering a combination of these remedies which may be considered perfect?" If perfect, what need of recourse to aught else? And how can the action of his remedies "illustrate the homœopathic law" till they are proved on healthy persons, which Mattei declares (though in error) is impossible?

Mattei has been in the habit of publishing his indorsement of certain physicians, declaring that he thereby authorizes them to practice Electro-Homœopathy; a piece of arrogant impertinence akin to a telegraph operator giving Edison a testimonial of his proficiency in electricity. Will he continue to indorse Dr. Theobald, who has in this preface flatly contradicted his master and patron by doubting the universality and all-sufficiency of his system?

Our duty as homœopaths is plain. We must allow no school of medicine, even if founded by a layman, to possess remedies which we cannot scientifically use. It is our duty then to prove these remedies, as we are doing with Schussler's twelve tissue remedies and with the mineral springs which the allopaths sometimes prescribe with great success, though often with serious results.

In the *North American Journal of Homœopathy* for August, 1884, I published what I had discovered respecting these nostrums. The remedies they contain, either singly or in combination, are as follows:

- Betonica aquatica.
- Brassica oleracea.
- Sedum acre.
- Sedum telephium.
- Sempervivum tectorum.
- Matricaria (the wild German chamomile).
- Sisymbrium nasturtium.
- Thlapsi bursa pastoris.
- Chenopodium centinodia.
- Persicaria urens (polygonum hydropiper).
- Verbena officinalis.



*Erysimum officinale.*

*Gentiana lutea.*

*Gentiana* (grande de chamounix).

*Galeopsis grandiflora.*

Will the I. H. A. undertake the work?

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## LECTURE UPON LYCOPODIUM.

FROM NOTES OF LECTURE BY PROFESSOR J. T. KENT.

(Continued from page 468.)

The fan-like motion of the *alæ nasi* is said to be a keynote to *Lyc.* Now, how and when will it occur? Suppose a case of pneumonia in a child, or a low form of bronchitis; there comes on an attack of violent dyspnœa. You will then see the dilated nostril, with wrinkled face; the flapping of the wings back and forth; heaving of the chest; heaving of the abdomen; more or less sweating; perhaps coldness and blueness of the surface. Here, then, this symptom stands out prominently; this, then, is pre-eminently a *Lyc.* picture. If the patient be a child, examine the diaper for red sand or turbid urine; see if the urine be reddish, or if there be a brick-colored deposit; also see that there be no opposing symptom.

Copper-colored eruptions, such as are found in syphilis, are cured by *Lyc.* Copper-colored and brown liver spots upon the forehead, upon the face, upon the abdomen and chest, anywhere upon the body.

*Lycopodium* is a great liver remedy, producing portal congestion, duodenal catarrh, catarrh of the stomach and bowels, all the peculiar features of jaundice, liver patches, melancholia, weakness of mind, almost amounting to imbecility. It has a peculiar silliness, a childish look; it seems to be a lack of understanding of what is said and of what is going on; the mind is enfeebled; the patient will stand and look at you, smile, laugh, and smirk, and not in the least comprehend what you are saying. The condition of the mind is clearly expressed on the face.

The face is sometimes pallid and sometimes flushed. There are flashes of heat, like *Lach.*, *Sep.*, *Sulph.*; often flashes of heat over the entire body. Hot and cold spots alternate in the back; burning like coals of fire between the scapulæ.

Feet are cold and damp, and this condition extends up the ex-

tremities to the knees ; cold as ice ; much cold sweat ; cold night-sweats, with prostration and nervous weakness.

The tongue is a great index to the condition of the stomach and fluids of the body, and has all the symptoms from dryness and redness to the black and cracked conditions found in zymosis.

We find in *Lyc.* the oscillation and darting to and fro of the tongue, the trembling, heaviness, and stiffness of the tongue, causing indistinct speech.

*Lyc.* has all kinds of bad tastes and foul breath. In a general way offensiveness is a characteristic of the drug ; the perspiration, the stool, the flatus, the eructations, all the excretions of the body, are offensive. So we find it in the mouth and breath, with slimy, heavily coated tongue, or, as in case of zymosis, covered with a dark, nasty coat ; sordes on the teeth ; exudations of blood, like *Phos.*, *Chin.*, *Zinc*, *Rhus*, and many others.

In the characteristic sore throat of *Lyc.*, diphtheria, tonsillitis, pharyngitis, suppurative or ulcerative throats, both the pain and soreness begin upon the right side, progressing to the left ; the throat is much less sensitive than the amount of inflammation would lead you to expect ; is *agg.* by cold drinks ; is *amel.* by warm drinks, and in which conditions it is directly opposed to *Lach.*, which begins on the left side, progresses to the right ; is greatly more sensitive than the amount of inflammation would lead you to expect ; is greatly *agg.* by warmth, by warm drinks, and has great *agg.* from covering or the slightest pressure about the neck. In a sore throat beginning upon the right side, proceeding to the left, with absence of leading characteristics, you will find *Lyc.* stands pre-eminently at the head of the list.

*Lyc.* is peculiar in its appetites and desires ; it desires sweets ; oysters, and he gets sick from eating them. May be cured by *Lyc.* Coffee makes him sick. You will find, as a rule, where there is a great amount of portal congestion and inflammation of the liver, there is an aversion to coffee ; at first it seems to agree, but he soon learns that even the taste of coffee makes him sick, that coffee *agg.* all conditions, a few mouthfuls causing satiety.

Among the stomach symptoms, sour vomiting is quite characteristic. The stomach symptoms are temporarily relieved by hot drinks ; cold and cold drinks make them worse ; the patient may even vomit cold water ; hot water, as hot as he can drink it, as hot as mouth and throat can tolerate it, is comforting, and *amel.* many of the symptoms. Hunger, but a few mouthfuls cause a feeling of satiety. Sour vomiting, sour eructations, sour

gases ; in fact, a very foul stomach ; great nausea, general weakness with vomiting of food and bile.

*Lyc.* will be found one of the most useful remedies in corroding ulcers of the stomach. Don't think of *Lyc.* for a corroding ulcer or ulcer of the stomach, or for a thickening of the pyloric orifice ; don't think of it given as a specific in that disease, but that in these manifestations you will frequently find *Lyc.* symptoms, and will find, as a result of proper selection and application, *Lyc.* to be curative.

The old masters regarded red sand in the urine as a strong characteristic of this remedy, although many other remedies have red sand in the urine. In connection with the low condition of the body, the debility and prostration of body and mind, you can hardly be misguided in selection.

In the region of the liver we have sensitiveness to contact, soreness and aching as from a shock, tension and drawing.

One foot cold and another hot is wonderfully characteristic of *Lyc.* when not associated with paralysis. In the latter case it is, of course, due to the imperfect circulation.

Tension in the hypochondrium, followed by gall-stone colic. Compare *Berb.*, *Bell.* The usual practice is to give Chloroform to relieve a patient in gall-stone colic. A homœopath has a better method and surer relief in this state, even if it is called mechanical. A stone that is small enough to enter the orifice of the duct can pass through, as the duct is of equal size throughout, and except there was spasmodic contraction of the coats from irritation by the passage of a roughened or hardened substance, there could be no gall-stone colic. I have stopped these pains in a few minutes with *Belladonna*, also *Berberis* has cured them.

In a patient suffering for years in this condition, passing gall-stones constantly and with great suffering, *Berb-v.* has effected a permanent cure. What became of the gall-stones ? I don't know. Relief is the first thing you should cudgel your brains to procure.

"Tension as of a cord." This is a peculiar symptom. Sensation as of a tight band is a symptom often felt in spinal disease. *Cact-g.* has the symptom ; *Ars.* has it ; *Lyc.* and other remedies have it ; it is also quite characteristic of *Alumina* ; a sensation as if a tight belt or cord were around the body ; it is also very characteristic of *Arg-nit.*

The complaints of the stomach and abdomen are characterized by great flatulency ; the abdomen feels as if it would burst from flatulency. (Compare *Chin.*, *Carb-veg.*) Sensation as of



something moving up and down in stomach and bowels; spasmodic contractions of the abdomen; colicky pains. Duodenal catarrh, resulting in bilious colic, that is about what it amounts to. *Lyc.* may not always be the remedy, but it produces the most typical form of duodenal catarrh, hence, jaundice, liver disturbances, yellowness of the skin, and brown spots. In dropsies dependent upon some disturbance of the liver and portal circulation think of *Lyc.*; in peritonitis consequent upon hepatitis.

Great accumulations of flatus, which becomes incarcerated, pressing outward with a feeling of distention; again pressing downward on the rectum and bladder, with great fermentation in the abdomen; brown spots on the abdomen.

In congenital hernia, *Nux-v.* and *Lyc.* are most frequently indicated, and completely curative when so indicated. Congenital hernia of the right side is most likely to need *Lyc.*, while that of the left side most frequently needs *Nux.*

Renal colic, right ureter to the bladder, with stinging, tearing, digging pain, as if a calculus of small size were tearing its way through to the bladder. *Berb.* or *Lyc.* will probably be the best remedies. In *Berb.* the pain radiates from the kidney; pain may be either side, may be below the kidney, but is sure to be a radiating pain.

*Lyc.* produces great weakness of the rectum—paralytic—which is a loss of power, of force, and of sensation. It has also characteristically ineffectual urging; straining without effect, due, perhaps, to the weakness, which allows straining only of mild character. *Lyc.* is a grand remedy in constipation. The patient will go several days without desire for stool; the rectum fills; the urging comes with the pressure of the accumulated feces, with effort at expulsion and only a partial emptying of the rectum, leaving a feeling of fullness and uneasiness, caused by the remaining feces, and classing it with *Sep.* *Sep.* has the sensation of lump in the rectum after stool, caused by the remaining feces.

Alumina has the filling of the rectum, with inability to expel the feces, but it is characteristically a soft stool, with no urging and no desire for many days, and then difficult expulsion.

*Nat-m.* has constipation for many days; accumulation of feces; ineffectual urging; great straining without desire; with the sense of fullness and uneasiness after stool.

Silicea has this debilitated state of the rectum—no ability to expel the stool, which is hard as knots, very large, packed in a mass, and requires a great amount of straining; in *Nat-m.* and *Lyc.* there seems to be a constriction at the anus preventing the

expulsion. In Sil., after protracted effort, even after becoming quite exhausted, he finally gives up in despair and the stool slips back into place. No other remedy has that symptom of slipping back recorded of it as pathogenetic, although Alum. and Nat-m. have cured when these symptoms were present, they are so closely allied. Perhaps Nat-m. is strongest in the sensation that something held, or that a band prevented the passage of fæces.

Verat. and Con. have constipation with large, hard stool, ineffectual straining and urging; so have other remedies, but these mentioned are very characteristic of great constipation with damming up of the rectum.

I should also mention Nux-v. and Nux-m. as having this state. Nux-v. is opposite, having constant and ineffectual urging, with scanty stools, expelling but a little lump at each effort. Nux-m. has this state going on for days, no desire, no urging, the rectum becomes filled and seems entirely paralyzed.

The conditions belonging to these remedies, so nearly alike, are so hard to describe, and so hard to distinguish the one from the other in their especial sphere, that I despair of making you understand, and you must carefully compare other symptoms.

Opium has this state with no desire for stool, lasting days, but Op. has something quite guiding; a few round, hard, black balls are characteristic of this remedy. Round, hard, gray balls, Nux-v.; Alum., the stool will probably be soft, with great effort and loss of power.

Graphites should be mentioned in this connection, and has a stool of flattened balls, seeming to have agglomerated and pressed together, giving them this shape. The rectum is full; there is no urging, and there is no effort with the evacuation; the stool is covered with thick, tough mucus that looks like cooked white of egg, boiled albumen, tallowy mucus. That is *Graph.*

These remedies resemble Lyc. in this sphere of constipation, and are closely related to each other. It is often impossible to prescribe upon local symptoms alone, but the general conditions and concomitants help us out.

These remedies produce hemorrhoids, especially Lyc., Nux-v., Sep.; painfully protruding varices; enormous tumors protruding at stool, requiring to be pressed back. In hemorrhoids always study Sulph., Nux-v., Aloes, Æscul., and Lyc. You will find them cover many cases. Lyc. has discharge of blood from the rectum, with hemorrhoidal tumors; it has bleeding hemorrhoids—compare with Sulph., Nux-v.; there is a great amount of itching, crawling, and tingling in these tumors; itching of

the anus, with burning, Sulph.; burning, Ars.; tumors blue, burning upon lightest touch, Mur-ac.

Lyc. has a wonderful sphere in the urinary organs and their excretions; great aching in the kidneys, relieved by passing urine; herein we get the symptoms expressed by pain in the back, relieved by passing urine; great pain and distention of the bladder, relieved by passing urine; cutting and burning before and during urination is quite characteristic. Cutting, sticking pains, down the ureter to the bladder, a pain that you might imagine to be caused by the passage of a small calculus along the ureter; it lasts for a few hours or a few minutes, and is followed by burning and smarting, particularly in the right groin. Generally Lyc. will cover the case. The paralytic weakness found in the rectum we will also find in the bladder; weakness with lack of power to expel the urine; he must wait a long time to expel the urine, wait and press. A number of remedies have that symptom, and as many of them are not found in the repertories, I will give you the list: "Must wait a long time for the urine to pass"—Alum., Apis, Arn., Cann-i., Hep., Lyc., Mur-ac., Nat-m., Rhus, Raph., Secale, Sep., Sil., Stram., Taxus-b. Another symptom closely allied to the one just given is this: "Must *press* a long time to pass the urine;" wait and press. For this we have Apis, Cact., Hep., Prunus-sp., Raph., Secale, Stram., Taxus. Again, a symptom somewhat similar is this: Can only pass urine while at stool—Alum., Amm-m., Laur., Nat-ph., Selen. Stramonium has this peculiar symptom: Must continue to press; if he pauses to take breath the urine ceases to flow, and he must again press. It is characteristic of Lyc. that the child screams before passing water; just about as the water begins to flow it screams, but *is relieved* by the flow. Close observation will probably show you red sand in utensil or in the diaper. Sarsap. child cries before and during urination; cries while flow continues, and you may find on the napkin pale or grayish sand. Sarsaparilla is a great remedy for these little calculi. In Lyc. the urine is turbid, as if containing bile; sometimes like old cider; sometimes small blood clots, red flocculi, and bloody urine; urine is high-colored and deposits red sand; bearing down with frequent desire to urinate; pain worse lying down, especially at night.

Incontinence of urine, important especially if there is red sand; suppression of urine—no urine secreted, as in low forms of zymosis and nervous affections; head affections; congestions to



the brain ; neglected pneumonia ; acute disease of some days' standing.

A sensualist, disturbed all his life by excessive sexualities ; masturbation ; great prostration ; milky urine, like Ph-ac. In women who are pregnant or are distressed by uterine affections, exhibiting the symptoms of milky urine, you would often find symptoms of Sepia. Bloody urine, *agg.* by chronic catarrh, is very characteristic of *Lyc.*, but you must learn to distinguish it from many other remedies. Canth. has bloody urine, with great burning and tearing. There is the pressing in *Lyc.* and a passive flow of blood, seemingly from the cutting of the calculi in their passage. Burning after urination is found in several remedies. Canth. has burning *before, during, and after.* In gonorrhœa, with an irritable bladder, burning and smarting *after* micturition, lasting some time, you should think of Natr-m.

In relation to the male sexual organs we have strongly marked impotency, relaxation, and sexual weakness. This condition is most likely to be found in those who have abandoned themselves to a long life of sexual indulgence, who, at last, try to reform, to break off their habits. Becoming tired of the life, the drinking, the carousals, and sexuality, he becomes exhausted. As soon as he tries to sober up, to be more manly, he finds himself impotent, weak, with relaxation of the organs. Desire may still be strong, but he is unable to obtain an erection ; during an embrace falls asleep ; this is strongly *Lyc.* The text reads impotency, penis small, cold, and relaxed. Same conditions may arise from poisoning by Chlorine, or from onanism ; short-lasting erections, too short to enable completion of the act. Widowers suffering greatly from unrequited sexual passion—(Con.) Widowers, stopping short in the marital relations, losing their power, accompanied by excessive and exhausting pollutions, involuntary seminal emissions, will usually be cured by Sulph., *Lyc.*, Calc.

A state closely allied to this, and yet quite opposite, is where the sexual instincts are too active ; there is most intense sexual desire ; erections night and day, in which you will find Picric-ac., Plat., Con. very useful. If there are tumors behind the corona, think of Thuja. *Lyc.* is a most excellent remedy in a gonorrhœa, with a yellowish-green discharge, resulting in impotency.

*Lyc.* has produced and cured nymphomania, with a terrible teasing desire in the external organs. Discharge of wind from

the vagina, accumulation of wind in the vagina, Brom., Lyc., Nux-v., Sang., Lac-can.

Lyc. has great dryness in the vagina, also great burning in the vagina during coition (Kreos. and Sulph.), sometimes so great as to prevent coition. Aversion to coition and to the opposite sex. Bell., Ferr., Lyc., Nat-m., and Sep. all have extreme dryness of the vagina with painful coition.

Lyc. has a very troublesome, thick, yellow leucorrhœa, likely to cause burning. In Kreos. burning seems to come from acrid discharges, causing the irritation. Sulph. has burning in vagina during and after coition and at all times—more marked at coition; it comes and goes. Ars., Bell., Bry., Con., Tarent. have burning almost as if hot coals were in the vagina, sometimes so severe as to prevent sleep and cause her to walk the floor. Tarent. has burning as of fire in the uterus with tenderness of the uterus. Sensitiveness to touch. Tereb. has great burning in the uterus. Another remedy, having great burning in the uterus, which, according to some, should be mentioned with caution, is Anthracinum, prepared from the poison of the Anthrax. Two remedies have for characteristics burning in the region of the cervix, *agg.* by touch. This would be discovered by digital examination, the patient exclaiming, "That is where the burning is;" the remedies are Sep., Kreos. A differential symptom in Kreos. would be, that during the inter-menstrual period coition causes burning and is often followed by a discharge of blood. There are other classifications and peculiarities in connection with this symptom of burning in the uterus. Burning in the uterus before menstruation, and only before, is Bufo., Carb-an., Con., and Nat-m. Burning, beginning when the flow has stopped, is especially characteristic of Canth. and Kreos.

Remedies known in relation to the burning and stinging of the mammary glands are Apis, Carb-an., Lyc., Phos., Lauro. Lye. is prominent in the symptom of milk in the breasts of young girls, milk in the breasts when it should not be there—milk in the breasts of boys. These cases will be covered by Lye., Puls., Phos., Cycl.; are sometimes present at puberty or at first menstrual flow. There may be hard nodules—hard nodular glands with milk in the breasts. Flow delayed until sixteen or seventeen years of age. It is a rare condition, but when found is necessary to meet.

Lyc. produces an unhealthy state of the milk—thickened milk; Cham., Phyto. have thickened, cheesy milk, mixed with pus. Lye. also produces the opposite condition. The milk is

thin and blue; child does not thrive because of the lack of nutrition. Acet-ac., Calc-c., Lach., Puls. are valuable remedies in this state and should be compared with Lycop. Women who never have milk for their infants. This is due to some constitutional wrong which you should endeavor to correct. Agnus-c., Asaf., Urtica-u., and Lac-can. are useful in such conditions.

These peculiarities of various remedies, suggested in the midst of the lecture, one by another, will perhaps become more strongly fixed in your memory for the coming times of need than if met in general reading.

Lycop. has great disturbance of the respiration; dyspnoea; difficult breathing; rousing up from sleep with great disturbance; fan-like motion of alae nasi; oppression of breath, *agg.* by walking in open air; short breath in children, worse during sleep, worse during every exertion; asthmatic breathing. You will find "relief from fanning" in asthma, and that, being a symptom of the asthma and not of a drug, is not peculiar; it would be peculiar not to find it in that disease. Should you find "relief from fanning" in collapse, that would be peculiar, the symptom of a drug, and lead to CARB-V. or SULPH. as a remedy. You will hardly see asthma that does not desire to be fanned, to have more air. The Lycop. patient will sit at the window in winter weather and then wish to be fanned; must have the air in motion. A peculiar feature is the burning as of hot coals between the scapulæ; the patient will want the back fanned; there is the guide to Lycop.

Dry cough, day and night, with pains in the region of the stomach, and irritation of the respiratory tract as from the fumes of sulphur. The sputa is thick, milky, purulent, greenish yellow, with dark streaks of blood: this is the characteristic discharge. There is a dry cough in emaciated boys which is quite characteristic of Lycop. I have had several cases of boys who seemed about to go into a marasmus, in which Lycop. worked a perfect cure. The cough is *agg.* by eating; by drinking; by cold things (food and drink); by stooping; by lying down; by lying on the side—especially the left; in the wind, and in a warm room. Better by lying on the back; by sitting up. The Phos. and Puls. stomach symptoms are better from cold things, cold water, and *agg.* by warmth.

The so-called catarrh of the chest in its many variations often finds its simillimum in Lycop., especially after a neglected or badly treated pneumonia. Sulph. is also frequently indicated in this condition. Neglected pneumonia—perhaps after hepatization—



the symptoms appearing of abdominal breathing, heaving of the chest, little or no pain, more or less colliquative sweat, fan-like motion of the alæ, every sign of sinking, threatened paralysis of the lungs. The rattling in chest of Lye. may be compared to Ant-t. Chest seems full of mucus.

Of the back we note chiefly the burning as of coals between the scapulæ. (Phos. has burning in a small spot in small of the back, better from rubbing; burning between the shoulders is found under Berb., Bry., Calc., Chelid., Ferr., Glon., Helon., Lye., Mag-m., Merc., Nux-v., and Oxal-ac., Phos., Sulph.)

The pain in the sacral region of Lye. is worse from rising from a seat; from stooping. Pain in lumbar region is *amel.* by passing urine.

Graph. has pain in the os coccygeus while urinating; Raph. has pain in lumbar region with urging to urinate; Caust. has a similar pain *after* copious flow of urine; Nat-sul. more closely resembles Lye. in the symptom of pain in the back when retaining (too long) urine.

The rheumatic symptoms of this drug may be compared with those of Puls. and Rhus in the *amel.* from motion. Rhus leads, then Puls., next Lye., especially in old cases. Tearing pains in shoulders and elbow joints during rest, not motion, is Lye. Great dryness of palms of hands. Panaritium with gastric affections, think of Lye. Gouty nodosities around joints; white swelling of the knees; coxalgia with violent jerks; child wakes cross or crying; profuse, foetid foot sweat, with burning of the soles; one foot hot and the other cold; old ulcers on the legs with nightly stinging, burning, and itching.

Sleep of all kinds restless and uneasy, or deep and soporous. Child sleeps with eyes half open (Sulph.); throws its head from side to side; wakes cross, terrified, unrefreshed, and hungry.

The chill is from four to eight P. M.; the sweat is cold; chilly mornings the heat of the stove will not warm, and often as a concomitant we shall find red sand in the urine, sour vomiting, etc. In old, broken-down cases of malaria study Lye.

There are many skin symptoms found under Lye.; chiefly the skin is dry and hot; flesh in ridges, as if struck by a stick (Urticaria); blood boils. Such as do not mature but turn blue, (Lach.). In treating a patient who has ulcers we must not overlook this remedy, it is often indicated. Before finishing this lecture I must remind you that it is not well to begin the treatment of a chronic case with Lye. It follows well after Sulph.,

Calc., or Lach.; and it will be followed well by Graph., Lach., Led., Phos., Sil. It is complementary to Iodine.

S. L. G. L.

#### ERRATA OF FIRST LECTURE OF LYCOPodium.

Page 462, line eleven, read *Tarent*.

Page 463, line eight, for *heat* read *heart*.

Page 468, line twelve, should read *Sulphate of Zinc*.

#### ALOE SOCOTRINA, AN ANTI-PSORIC REMEDY.

W. P. WESSELHOF, M. D., BOSTON.

Dr. Hering says, "Aloe has many symptoms like Sulphur and is equally important in chronic diseases with abdominal plethora," etc.

Dr. Whiting, of Danvers, Mass., related to me the cure of a case of chronic diarrhœa caused by the suppression of an eczema years before. The cure was effected in a few weeks and patient remained well *after the reappearance of the old eczema*, which followed in a few weeks after the dose of Aloe was administered.

This remedy *alone* without the necessity of following it with a so-called anti-psoric, has proved curative in my hands in old intestinal and hemorrhoidal affections, which in several instances were followed by the reappearance of cutaneous diseases known to have been suppressed by external means. In Dr. Whiting's case the patient had an itch suppressed in childhood which reappeared with great violence and a magic cure of the diarrhœa followed. I recall an instance of hemorrhoids which were greatly relieved by the application of cold water, the burning in them being especially aggravated after a stool. Aloe had been given, and several weeks after the hemorrhoids ceased burning an itching eruption appeared upon the interior surface of both thighs, which was especially annoying after getting warm in bed. The temptation to give Sulphur was very great, but as the general condition of the patient improved this temptation was resisted and the eruption after several months passed away and the hemorrhoids remained without pain or burning, giving him no annoyance.

When such experiences repeat themselves in the treatment of chronic diseases, I think it no hasty assumption to give this drug a place among such heroes of our *Materia Medica* as Sulphur,

Calcarea, Lycopodium, etc. In giving it such a position I claim for it a proper respect and allowing its action to fully expand itself before another dose is given, or its action carelessly interfered with by another remedy. If we are confident of its powerful centrifugal action, and know that it can reproduce on the surface cutaneous diseases long before suppressed, or has the capacity of bringing to the surface latent psoric tendencies, which may have caused internal discord through a lifetime, affecting different systems and different tissues at different periods of a lifetime, disturbing the harmony of the vital force in the most varied expressions, then, I say, we may safely trust it to do still more and annihilate even the product it has caused to appear.

The action of Aloe is a very long one. I am not prepared to say how long, but I am certain that it may continue curative for three months, and possibly much longer.

The pathogenesis of Aloe, as we now possess it in the *Guiding Symptoms*, is one of those masterpieces of Constantine Hering's genius, which he repeated in his *Nux moschata*, *Stramonium*, etc. He arranged and collected Helbig's and Buchner's provings and added all clinical results up to the year 1881. For this we owe him a great debt of gratitude, which we can best pay his memory by making the right use of his labor, and strictly individualizing our cases, never prescribing on pathological indications only. With his marvelous insight into the sphere of the action of a drug he has bequeathed the strongest characteristics for the use of Aloe, and it is our fault if we neglect to profit by such masterly achievement.

The following case will demonstrate the thorough work which this drug is capable of performing in a single, highly potentized dose.

Mrs. F. H. M., aged thirty-six, light blonde, medium size, thin, pale.

Has suffered with gastralgia and diarrhœa for four years.

Awakes almost every night at two A. M. with oppression at stomach, nausea, saliva running copiously from the mouth. After violent rubbing over epigastrium, she raises gas, which gives relief. There is usually much rumbling of gas in abdomen with these attacks, but does not feel secure in making the effort to pass it, as she fears stool will escape.

She is called out early in morning, sometimes before daylight, by urgent desire for stool.

The stool is painless, watery, gushes out with flatus.

Before stool rumbling in abdomen, or as if fluid was swashing.



This condition of things occasionally alternates with constipation of several days' duration, when one or two formed stools may occur, to be surely followed by a longer attack of diarrhœa.

The stools always occur in early morning and during forenoon; seldom has more than four stools daily, which are followed by some exhaustion.

Tongue slightly coated yellow. Appetite usually good.

After eating has had for several years a dull pain under right shoulder-blade, lasting from half to one hour.

Seven years ago a moist eruption appeared on chin and submaxillary region, exuding a thin, clear serum with intense itching; scratching aggravated the moisture and itching. This was treated locally with Zinc ointment and other applications and finally "cured." Soon after it (she does not now remember how long, but probably several months) her stomach began to give her trouble, and the pain under the right shoulder-blade after eating disappeared. Later the diarrhœa followed, alternating with constipation.

Has had two children, the youngest five years old.

Is taking pills of Opium and a mineral acid (probably Sulphuric).

As she had taken these drugs up to the time of coming to me, I gave her a dose of *Nux vomica*<sup>cm</sup>.

She returned in a week to tell me that the nocturnal gastric attacks had been less severe and the stools somewhat less urgent and less fluid. I allowed her to go another week without medicine.

At the end of the second week after taking *Nux vomica* the report was: Stools equally loose, frequent, and urgent; do not appear quite as early but still drive her out of bed; the same sense of insecurity of sphincter when desiring to pass flatus. During the day occasional griping in abdomen independent of stool. Tongue a little cleaner. She now received a dose of *Aloe*<sup>cm</sup>.

In a week she reported that during the last two or three days she had perceived an improvement in the urgency of the stool and had passed flatus several times without the feeling of insecurity. For the past three days she has had but two stools, less watery and gushing.

She now received during two months only *Sac. lactis*; the stools became normal with recurrence of the nocturnal gastralgia. At the end of the sixth week after taking *Aloe* a large styte appeared on the lower lid of the left eye. This healed and was followed a week later by a boil on the end of the nose, and

an annoying soreness on the inside of the right nostril, which scabbed over, and after shedding the scab remained raw for a period, till a new scab formed. At the end of another month the nose had healed internally, and my patient has now been free from all stomach and bowel troubles for many months.

Aloe was selected only on account of its symptoms of the diarrhœa, which were very characteristic, and the selection therefore not a difficult one.

Aloe, however, as far as observed, has none of the gastric symptoms similar to this case, and still it cured the after mid-night attacks of oppression, nausea, and salivation. The dull pain under the shoulder-blade after eating does not appear in the proving of this drug, yet this oldest of all her symptoms yielded to its action, although it was the last to disappear; not, however, until some time after the disappearance of the boils and eczematous disease in the nostril.

From this case we should draw the following lesson: Aloe will cure chronic diarrhœa when it is homœopathically indicated, clear away a number of other psoric symptoms not yet contained in its pathogenesis. It does not need to be repeated to fulfill its mission, and is capable of reproducing cutaneous disease after having been suppressed eight years.

The question now arises, are we authorized to add to the pathogenesis of Aloe those symptoms which were cured in this case, notably the pressure under right shoulder-blade after eating, and the oppression in the stomach, nausea, and salivation occurring at two A. M. and relieved by rubbing. I think we are fully authorized to do so and in this way enrich still further this splendid proving.

Dr. Hitchcock—Mr. President, I have a case of Aloe, and I would like to have a suggestion in relation to it. A patient came to me from my predecessor, who had been troubled for a number of years with hemorrhoids, and he had always received Aloe, which relieved. I found on my first prescription that Aloe was the remedy then, and he would receive relief for about three or four months, when it would return again, and Aloe repeated would relieve him. Now that has been going on for a long time, and I want to ask the question, Is Aloe the remedy to cure that? I have given nothing else. Is there anything else?

Dr. Allen—My experience with Aloe is that it is very similar to *Lycopodium*—a bad remedy with which to begin the treat-

ment of a chronic case—and if I begin with it I must return to an anti-psoric to cure. Sulphur should usually precede Aloe in the treatment of these chronic cases and Lycopodium should frequently follow.

Dr. Sawyer—I have had some Aloe cases. I had one somewhat over two years ago—a lady about seventy. It was a clear case of Aloe diarrhœa. I gave one dose of the 100th. This was a case of many months' standing and very troublesome. There were but two or three passages afterward that were abnormal. She remained in good health for several months, when it returned again, and a single dose checked it. A single dose does check it ; but it does recur at intervals of from three to four months.

Dr. Nash—The thought occurred to me while that paper was being read of what Hahnemann used to teach—that where we find a seemingly indicated remedy, removing the symptoms, and those symptoms returning again and again, it indicated that there was some constitutional taint at the bottom of the case that needed an anti-psoric remedy. Then the question occurred that if this remedy, Aloe, is an anti-psoric, we have yet an example, as Dr. Hitchcock relates, of the symptoms returning again and again. Anti-psorics are intended to remedy that. This certainly would be against Aloe being an anti-psoric. If not, after using an anti-psoric remedy and the symptom returns, what shall we return to then?—*Clinical Bureau, I. H. A., 1888.*

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## PECULIAR SYMPTOMS.

W. S. GEE, M. D., CHICAGO.

A practical question often asked by the embryonic homœopath, whether old or young, is this one: "How are we to know which are the leading symptoms upon which to base the prescription?" The character of the question demands a practical answer. In the answer we must suppose that the physician has fulfilled all previous requirements, such as thoroughly acquainting himself with the anatomy of the human body, the physiology ; for how could he know the abnormal until he has learned to recognize at once the normal, and other collateral branches for similar reasons? He must know as well what is normal in the given case, else how should he know what is abnormal. He must have made a careful, minute history of the individual peculiarities in health, the heredity, early abnormal manifesta-



tions, life, business habits, likes and dislikes—in a word, a complete history of his unnatural symptoms. This history must include a detailed account of all symptoms of marked character which occurred in past illness as well as those of the present. The greatest and most difficult task has now been accomplished, as has been correctly stated by Hahnemann. We may well quote from this wise man in the 153d section of the *Organon*: “This search for the homœopathic, specific remedy, consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the diseases to be cured. In making this comparison, the more *prominent*, uncommon, and peculiar (characteristic) features of the case are especially, and almost exclusively, considered and noted; for *these, in particular, should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease and to almost every drug.” Is this not a very definite and explicit answer to our question? Nothing short of the totality will suffice, but the method here indicated shortens the process of finding the desired remedy. Now our question resolves itself into this one: what *are* the “more *prominent*, uncommon, and peculiar features of the case?” Every person has the common marks of distinction by which he is classed as belonging to the human family. The millions of people on the earth in the normal state all have the upright form, have heads, arms, hands, legs, feet, eyes, mouths, tongues, etc., *and yet no two are alike in any one particular part.*

The great similarity enables them to be classified, and grouped as having common features, and yet one class differs from another, and is seen in the different races of men. Even in the same race there exists a marked difference in all the parts named, between those of the male and female of that race. What is stranger still, no two members of the same family are alike. No two brothers or sisters, born of the same parents, in the same climate, in the same house, even twins born at the same time and nursed by the mother, who partakes of her food from which the same milk is given to each, are ever found to be alike. In fact, many times the greatest dissimilarity may be found in instances of the latter. Neither are the two hands, feet, eyes, toes, nor fingers alike in the same individual.

Certainly great similarities exist, and from this fact have grown all organizations having a common interest, such as colonies, families, cities, states, governments, schools, churches, and associations of physicians—homœopathic in particular.

Our food is similar, so with our clothing, amusements, modes of exercise, business, etc., and yet there exist differences in every individual trait, so that these millions of people are *millions of individuals* with distinctive peculiarities. These peculiar marks may not remain the same at all times even in the same person. The same analogy exists in the lower animals and in the vegetable kingdom. The differences are always noted when we *individualize* them.

Thus far we have noted the peculiarities which exist in the *normal* condition. Does not the individual still have his peculiarities when he is sick? Surely, his normal distinguishing points may change with him and become abnormal symptoms. Disease is disturbed—disarranged life force the consequent result. As a train on a switch runs off the track and must be “backed” on, so with the misguided vital force. Our bodies are under the control of this vital dynamis, and they are composed of organs which may become diseased singly, collectively, and consecutively. The diseases are classified because of similarities either as to location, causes probable, or development. While many diseases are alike in some respects, as, *e. g.*, fevers, yet, in fact, no two are exactly alike. But very slight differences many times serve to distinguish one from another. The same disease varies in different individuals and even in the same person at different times. This is true of most diseases. The name of the disease is only for the convenience of the physician and friends. It conveys no definite idea as to what will prove curative in any given case. If the physician knows what is normal in general and in this individual in particular, he is now able to make the “comparison” according to the section quoted above. Diseases have special symptoms so grouped as to convey to the physician the category for the given case. The pathognomonic and concomitant symptoms suggest to him the name. If he is a true homœopathic physician he has all the facts necessary to make the so-called diagnosis, and for his protection and the satisfaction of the friends of the patient he may give the name.

This inspires the confidence of the family and enables him to indicate to them the probable prognosis. When we compare this record with the symptoms of the arbitrary disease we see at once the extra “uncommon, peculiar” ones as well as I note

the common symptoms. We found in making the anamnesis that these "peculiar symptoms" were "prominent," unvarying, and had existed with the other unnatural symptoms. They must not be omitted from the totality of the disease symptoms. Hence, they must be included in the curative sphere of the appropriate remedy. We know that whatever remedy be chosen, it must include these symptoms, and thus we may shorten the process by looking at once to the one indicated by them, using the common ones later.

Suppose, for example, we take a case of intermittent fever. This disease is not uncommon. Our patient has had a chill, fever, and sweat, and applies for relief. We must learn more. Suppose he had no thirst during the chill—that is not strange or uncommon—but suppose he had *great thirst* while cold. That is uncommon and to some degree "peculiar;" make a note of that. He had thirst during the fever; that is common, but "absence of thirst" during the hot stage is "uncommon." He wanted to be covered during the chill—common; uncovered during the chill—uncommon, while the reverse is true in the fever. Suppose he sweats profusely after the fever, this is common, but absence of sweat uncommon. The absence of one stage is uncommon, so with a reverse order of them. The presence of a rash is a "peculiar" symptom with intermittent fever. If the patient has great thirst in all stages or the absence of it in all stages, in either case the symptom is unusual. If the patient sleeps during all stages it is worthy of special notice. So with all the symptoms recorded, the prominent, peculiar, uncommon ones requiring first consideration, but the common ones are necessary to make the totality.

We will now take as another example a case of scarlet fever. The ordinary cases of this disease include high fever, headache, sore, red, inflamed throat, with difficulty of swallowing, dry skin, and rash. Other symptoms might be included, but these are present in all marked cases of the disease. We cannot prescribe on these symptoms but must add to them some of an individual character. The presence of a rash is "peculiar" and "uncommon" in intermittent fever, but not so with scarlet fever, for here the absence of it would be "uncommon." The common symptoms of the disease are common to many remedies; but suppose another be added, such as "*picks the lips until they bleed*," and on inquiry we should find that to be a "prominent" symptom. Before the last symptom we could not decide, but the selection is now made with ease because *Arum tri.* includes the last "peculiar" *prominent* symptoms as well as the common



ones. Why is the symptom "peculiar"? Because all cases of the disease do not have it, but only "peculiar" cases, and the remedy which meets the totality must include that symptom. Suppose another patient, having the same disease with the common symptoms has this extra or "uncommon" one—*The patient is terrified even to spasms when opening his eyes.* This is a very unusual symptom and one of a character not to be overlooked from the disease record. The remedy for this case is Stram., and no other will cure if the case is otherwise a fatal one—that is, one which will prove fatal if the indicated remedy is not given. The Stram. is selected for the totality, but the last symptom decides the choice. The "uncommon" symptoms may be very "peculiar" ones sometimes, and when taken alone are even ridiculous. A little patient twelve years old was taken very ill with a nervous difficulty, and, although naturally a very independent, dignified little girl, a strange freak presented by which the mother was obliged to take her on lap and sing to her to put her to sleep. She could not go to sleep otherwise. The case was carefully studied, and, the "relief from music" being such a prominent symptom, reference was made to Tarent. hisp. and it covered the totality and cured the case. A boy with a loose, watery diarrhœa had been troubled with it for a week and nothing he had taken had seemed to relieve him. He mentioned incidentally that he turned sick and was even obliged to leave the table "*if he saw or heard the water running from the hydrant.*" Hydrophob. cured him in twenty-four hours.

A lady called some time ago, and as she was soon to take a trip, she said, "I am always constipated when traveling. I wonder if you can give me anything to relieve me?" Platina covered the symptoms in this case.

Let it be borne in mind, further, that the above section states "peculiar (characteristic) features" of the given case. *Symptoms* and *features* may differ in this wise: Common symptoms may be so arranged as to become peculiar "features," and yet the symptoms be still common. For instance, "frontal headache, nausea, vomiting, and high fever" make peculiar "features" in a case, yet each as a symptom is not uncommon. The grouping of features make the peculiar part of the case which would direct us to the curative remedy in Verat. viride.

It frequently happens that the anamnesis or history will give the peculiar symptoms to have existed sometime in the past. Dunham reports a case in which he cured with Aloes—a headache in winter—given because the remedy was indicated for his diarrhœa in summer. Another in which he cured a case of

deafness from milkcrust with Mez., because it was indicated for the previous milkcrust. These facts are confirmed in our everyday work. The same rule applies to all diseases and conditions; hence, how unreasonable to prescribe for a disease. Does it not appear too puerile to prescribe for a supposed pathological condition? Who can give the pathology in a case that causes one to be restless, while another cannot bear moving, when both have the same disease? Why are many better and others worse after sleep? Why are not all rheumatic patients affected by the weather? It has been said by some that such prescribers are "symptomatologists," who are not able to diagnose their cases, and that they prescribe on one or a few silly symptoms.

Of one of these might be asked: What are you but a "symptomatologist," and do you not prescribe on a "few symptoms"?

This difference may be noted: The former, if true to his work, takes *all* the symptoms, and he only may make the diagnosis from the facts at hand, but as he deems the selection of the remedy of more importance, his search is immediately begun, and when such remedy is found he is satisfied, rather than to spend time in theorizing and using misleading arbitrary names for the amusement of friends and for his personal aggrandizement. His objector needs but a few symptoms, looks into all the openings of his patient, stretches and compares them, thumps him for a time, gives some long name to the trouble, sends the patient to a drug store or "pharmacy" with a prescription calling for one drug or a mixture of drugs, which only palliate or suppress the symptoms giving most distress. To him, "uncommon," "peculiar" symptoms are but "chaff" and are "reflex." The results may be seen when chronic cases which do not "get well of themselves" fall under the care of such. Their failures cause some very "peculiar symptoms," such as seeking to "unite the two schools." They, never having received the light of Homœopathy, go groping about in darkness, and occasionally we hear a groan of "Hahnemanniacs," or "cranks," "bottle-washers." Not infrequently we learn that Hahnemann was in his dotage, was "visionary," and did not know much "physiology and pathology;" that his reported cures of cancers and other malignant troubles were fabulous, and that he could not detect a malignant condition. They have not read Hahnemann's books, yet they pass for "homœopaths."

After exhausting the latest allopathic measures, adopting germicides, and becoming liberal enough to swallow allopathy by degrees, such as Quinine for malaria, Mercury and Potassium iodide for syphilis, and other *drugs for diseases*, is it any wonder

that *they* have found it necessary to "expunge the chaff" and "revise the *materia medica*"?

We speak of the "medical fraternity." Is it to-day a brotherhood in the highest sense? Is it not disappointing that we at this late day should see such internal dissensions within the "homœopathic" ranks? Has our cherished Hahnemann and the law of nature promulgated by him been honorably superseded? Is it not time to call a halt and see whether we are proving true to our trust? Can we not unite ourselves socially, or at least professionally, and work together to advance the true cause of the God-given boon, Homœopathy? As hinted in the body of this paper, can we detect the abnormal before we know the normal? Then is it reasonable for us to criticise or reject any of Hahnemann's instructions until we have thoroughly mastered the philosophy of Homœopathy as taught by Hahnemann? Let us study and become thoroughly familiar with his writings. Let us become as familiar with the *materia medica* as was Boenninghausen, so cordially indorsed by Hahnemann, before we agree to reject a part of it. If we fall below the success of Hahnemann, Boenninghausen, Hering, and others, it may be our fault. At least let us handle carefully that which has come down to us from the masters. Let us be slow to mar that which has cured so many thousands of sufferers before we were born.

A law of nature always acts *under certain conditions*. So with our law--the conditions must be understood. At any rate, let us "*be sure we are right, then go ahead.*"

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#### DISCUSSION.

Dr. Hitchcock—When I first commenced the study of Homœopathy I commenced with the *Organon*, and I studied that for years before I attempted to make a prescription. There was no short or easy way of doing it. In the start I commenced by taking a complete history of my case as far as I was able, as I recognized that that was the only and the best way of doing it. I knew absolutely nothing of the *Materia Medica*, but by the diligent use of my repertory and study of the *Organon*, I began to prescribe, and from that day to this my prescriptions have all been made in exactly the same way, except in very acute cases where we can see at once what to do. I think that a great error in our method of prescribing is to memorize the remedies. I have made it a point never to memorize any



remedy, and I do not believe I could give you the characteristics of a dozen remedies. Therefore I am not prejudiced, in the first coming of my case, and I attribute my success—what success I have had—to the fact that I am not prejudiced, and I think the young men, like myself, who have not had the years of experience, will find the best way is not to attempt to memorize but to absorb, and that will give us good homœopathic prescribers.

Dr. Holmes—If I call a man in consultation with me I want him to be able to see what is to be done. I do not want him to have to study a week on the case—that is not what I call him in for—but I want him to be able to tell me the remedy without resorting to his books. Now I would like to ask this question, Do you think a book prescriber is a desirable thing to be?

Dr. Hitchcock—I certainly do.

Dr. Wells.—I wish to give the opinion of a man who was an inmate of Hahnemann's family ten years and was his assistant, and the best assistant who ever walked the American soil. I suppose he has said to me a hundred times, "You do not know what you have to give your case until you study it," and that is true.

Dr. Kent—I always carry my books, and I generally have a satchel full of them. I do not mean most always, I mean *always*.

Dr. Allen—I want to tell Dr. Holmes what Dr. Guernsey once told me. A patient was seriously ill, and he wished to have Dr. Dunham in consultation. He lived in Philadelphia. In the evening they had a hasty lunch, and then went up to a room and sat down and carefully wrote down the symptoms of that case. Now, this is the way Dunham and Guernsey used to do.

Dr. Ballard—If Dr. Holmes should apply to a lawyer for advice, where a few dollars depended, he would not receive that opinion until that lawyer had first consulted his library. Now in regard to that book business, if Dr. Holmes does not think much of it, he would never call me in consultation a second time, for he will certainly find my repertory with me every time. There was a young man in Chicago who was very sick with double pneumonia. He was given up to die by his allopathic doctor. They telegraphed to his father, in New York, Dr. Finch. Dr. Finch came on, first getting my name. When he arrived he found his boy scarcely breathing. He came to see me and said, "I wish you would go over there with me." I went and sat down at the bedside with the old gentleman, and he

says to me, "Don't hurry; this is my only boy; take your time." There was the boy almost breathing his last. I sat down at the bedside and took the case as carefully as I could on paper, and tried to think, and the Doctor said, "Don't worry yourself. I know where you stand. Go home and take your time with your books, and I will come over in the evening." He did come, and we two studied that case for two hours. It seemed that every minute that boy would breathe his last, but in spite of that we studied the case with the result that that boy is alive to-day and traveling about all right.

Dr. Wesselhœft—I suppose that Dr. Holmes is in the same position that we all have been in; that when he has a case that he thinks requires quick action, he wants a man who is ready for that quick action and save that patient's life, if possible, in as short time as possible. But those of us who have had any experience, and have gone through just such experiences as Dr. Holmes, I think must know that the majority of our dangerously sick cases in which we have just those feelings of being in a hurry to do something, have been lost on account of the hurry in which the prescription has been made.

Dr. Holmes—Now, you are all right; I don't doubt that in the least, and I am right, too, and I can prove it. Any man that will stand up here and tell me that it is no use to memorize the *materia medica*, I claim is wrong; it is wrong, and every man that does not do it, does wrong.

Dr. Wells—The gentleman thinks he is right, Mr. President; I think he is wrong. For many years I carried a satchel, and to this day I am not able to make a prescription until I have studied.

Dr. Biegler—I can say to Dr. Holmes that I can probably prescribe off-hand as well as any one in this room; but I have learned by experience the danger of doing that in the majority of cases. I carry not only a book, but carry a heavy satchel of books, so heavy that it requires my man to carry it for me, and I have never been degraded nor been looked upon with any disrespect for doing so. On the contrary, the good work that results from the use of those books is appreciated, even by those who are not considered the most intelligent.

Dr. Wells—It is a long time since I began to practice Homœopathy. Then we had proved drugs something less than two hundred. There was a man in London said to be able to recite the *materia medica* from beginning to end; he had memorized it; he was the poorest prescriber in all England.

Dr. Gee—The paper was intended to shorten the process of

finding the remedy after taking the case. I may say that I carry a satchel of books when it is convenient to do so. I do not, as a rule, carry all of my books, because it is not always convenient. But in consultation work I use all of my books.—*Transactions I. H. A.*, 1888.

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## A PARTIAL REPERTORY OF HYPOCHONDRIASIS.

N. W. VANDENBURG, A. M., M. D., FORT EDWARD, N. Y.

### (a.) *Hypochondrial anxiety.*

Æthusa, great sadness when alone; hallucinations.

Agn-c., despairing anxiety and sadness; peevish.

Aloe-soc., hypochron. worse in cloudy weather; hates and repels every one.

Alumina, trifles seem immense; dread of death with thoughts of suicide.

Ambra, great sadness and despair; fears becoming crazy.

Am-m., gloomy, apprehensive; hates involuntarily certain persons.

\*Anac., hypoch. in forenoon; despairs of ever being able to do anything.

Arg-n., believes he is despised; that he will fail in his work.

Arn., hypoch. anxiety; peevish, morose, taciturn.

Ars., fears to be left alone lest he should harm himself; very restless.

Asafoet., hysterical anxiety, sad, fickle.

\*Aur-m., full of fears, weary of life; desire of suicide.

Baryt-c., sadness, grief over trifles (Ac.); pusillanimous.

Bry., depressed, morose (Nux-v.), wishes to be alone; better in open air.

Cact., believes his malady is incurable (Ars.); consolation aggravates.

\*Calc-c., feels as if some misfortune was about to happen (Cup.).

Caust., hopeless, full of timorous fancies; taciturn (Bry., Nux-v.).

Cham., very uncivil and impatient; everything goes too slowly.

Chel., feels as if she had committed a crime.

China, fixed idea that he is unhappy; discouraged.

Con., indifference; wants no one, yet does not want to be alone.

Cup-m., paroxysms of anxiety; fears he will lose his reason.



Graph., changeable, slow of thought ; forgetful, forlorn.

Hell., indifferent, despairing, homesick ; hates consolation (Cact.).

Hepar, low spirited, even to thoughts of suicide ; weeping.

Ignat., from grief at loss of friends ; taciturn.

Iod., low spirits ; fear of evil with over-carefulness.

Kali-c., despondent in the open air (Bry.) ; fear of being alone (Ars.).

Lach., sadness, worse after sleep ; suicidal.

Lil-tig., tormented about her salvation ; fears insanity (Ambra, Cup.).

Lyc., satiety of life, particularly mornings in bed.

Nat-c., aversion to man and society ; malicious.

Nat-m., enraged at consolation ; desire to be alone.

\*Nit-ac., vindictive ; attacks of rage.

\*Nux-v., cannot bear reading or conversation ; wants to be alone.

Phos., anxious and restless at twilight ; when alone.

\*Phos-ac., depressed, weeping, homesick ; night-sweats.

Phyt., melancholy, gloomy ; indifference to life.

Plat., mania either with pride or changing to fear of men.

Podo., imagines he is to be very ill ; gastric trouble.

Puls., silent, disgusted with everything ; tearful moods.

Rhus-t., anxious, timid ; worse at twilight (Phos.) ; tearful, restless.

\*Sabad., melancholy from deep-seated abdominal irritation.

Sepia, indifferent to family and friends (Nez.) ; dreads to be alone ; Kali-c., Ars.

Sil., desponding, melancholy, tired of life, easily crossed.

Staphis., from sexual excesses ; sensitive to the least word.

Stann., feels like crying all the time, but it makes her worse.

Sulph., melancholy during the day ; merry in the evening.

(b.) *Fears death.* Æthusa, of approaching death.

Alum., with thoughts of suicide.

Ars., when alone (Kal.c.) ; on going to bed (Lach.).

Cact., believes his disease incurable (Ars.).

Nit-ac., with anxiety about his disease (Ars.).

Phyt., great fear, sure he will die (Ac., Ars.).

Podo., imagines he is going to die.

Puls., tremulous anguish, as if death were near.

Rhus-t., satiety of life, with fear of death.

Sil., feels as if she would die.

Zinc, thinks of death calmly ; or with fear, during pressure in the spine.

*(c.) Fears becoming crazy.*

Ambra, with diabolical faces crowding upon her fancy.

Calc-c., or that people will observe her confusion.

Chel., and forgets what she has done, or wants to do.

Cup-met., as if some misfortune were impending.

Iod., and the brain feels as if stirred up.

Lil-tig., crazy feeling on top the head.

*(d.) Thoughts of suicide.*

Alum., with dread of death.

Ant-c., by shooting.

Arg-n., thinks of killing himself.

Aur-met., desires suicide.

Cinch-off., desires to destroy himself, but lacks the courage.

Lach., tired of life, suicidal mood.

Nat-sul., must use self-control to prevent shooting himself.

Nux-v., thoughts of suicide, but is afraid to die.

Puls., anguish about the heart, even to suicide.

Rhus-t., wants to drown himself.

Sil., tired of life; wishes to drown herself.

*Wishes to be alone:* Aloe, Bry., Ign., Kali-c., Lyc., Nat-c., Nat-m., Nux-v., Rhus-t., Sul.

*Dislikes to be alone:* Æth., Ars., Caust., Con., Phos., Sepia.

*Desires sympathy:* Puls.

*Hates sympathy:* Cact., Hell., Nat-m.

*Time passes too slowly:* Alum., Arg-nit., Cham., Nux-v.

*Times passes too quickly:* Cocc., Therid.

*Aversion to labor:* Arn., Anac., Calc-c., Graph., Kali-c., Nux-v., Sep., Sulph.

*Worse in the morning:* Amm-m., Anac., Graph., Lach., Lyc., Nat-sul., Nux-v., Puls.

*Worse during the day:* Sulph., Zinc.

*Worse during the evening and at night:* Æth., Ars., Calc-c., Con., Hepar, Nat-c., Rhus, Puls.

## NEW MEMBERS FOR THE I. H. A.

(In reprinting the following circular from the Secretary of the I. H. A., we earnestly commend the subject to our readers. All true homœopaths should join this Association and aid in building up Homœopathy; at least five hundred of our readers should join.)

DEAR DOCTOR:—If you know of any physician who practices Homœopathy in accordance with the principles of Hahnemann,

and for whom you can vouch, you are requested to ask him or her to make application for membership in the International Hahnemannian Association.

It is not desirable to increase our membership for the sake of numbers alone, *quality* not *quantity* being the object sought; but it is known that there are many good homœopathists not yet members, whom we should have with us.

Your attention is called to the extracts from the By-laws on the inclosed application blanks, which must be strictly adhered to.

The applications for membership should be sent to Dr. J. A. BIEGLER, 58 South Clinton Street, Rochester, N. Y., on or before December 1st, 1888, and theses of the applicants must also be sent to him not later than April 20th, 1889.

Very truly yours,

S. A. KIMBALL,

Secretary I. H. A.

BOSTON, MASS., 124 Commonwealth Avenue.

## PROCEEDINGS OF THE HAHNEMANNIAN ASSOCIATION OF PENNSYLVANIA.

The stated meeting of the "Hahnemannian Association of Pennsylvania" was held in the Continental Hotel, Philadelphia, Tuesday evening, September 13th. After routine business the following interesting paper from Dr. E. W. Berridge (honorary member) was read, causing a spirited and instructive discussion.

### CLINICAL NOTES.

(1) *Indium metallicum*.—January 9th, 1888.—A boy, ten years old, had suffered for five or six years with constipation. Some remedies in high potencies had been given him, but with only temporary benefit. He had had no medicine for a very long time when I prescribed *Indium*. Present symptoms: stool about once a week, dark and thick; sometimes with blood; anus sore after stool. Has to strain much, seizing his thighs with his hands and straightening himself forcibly; the effort makes his face red and the head feels as if it would burst. Four doses of *Indium metallicum*<sup>cm</sup> (Fincke) and one of 60m (Fincke) cured him. Each dose was allowed to act till its effect seemed exhausted, the symptoms beginning to return and persisting.

(2) *Hæmatoxylin*.—July 9th, 1887.—Miss E., aged forty-five.



Has nearly lost voice from getting overheated. It began with hot, sore patch in larynx yesterday afternoon. This morning, on waking, could scarcely breathe. Ever since she can remember has been subject to throat attacks from the least damp, and the slightest cold always attacks this part. These attacks last for a week, badly, and continue less severely for two or three weeks more, her voice not returning fully till the end of this time. Present symptoms: soreness of throat on swallowing saliva. *Feeling of a bar across centre of chest* about level of clavicles; the bar feels heavy and hot and is very burning on waking in morning; it feels like a solid, square bar with sharp edges. She always has this "bar" symptom in these attacks and later there is a feeling of fluttering of a feather there, causing constant, irritating cough, which does not relieve it; but this symptom has not yet had time to come on. She has to fetch the breath by an exertion over the "bar." Both her parents died of phthisis; her two sisters are very rheumatic.

*Hæmatoxylon*<sup>200</sup>, a dose at once, and every three hours till better.

July 14th.—Reports very much better. After the fourth dose the "bar" feeling was less; it felt less heavy and with less sharp an edge, and the smarting and soreness were more diffused over chest. Her voice has now returned. On the night after I prescribed for her the upper part of throat felt inflamed and looked inflamed and glazy. The "bar" feeling had quite gone by evening of July 10th; at the same time her cough became looser and the nose began to run, which it very seldom does in these attacks. The feather feeling hardly came on at all. She says the medicine has cut the attack short.

August 2d.—Reports that she soon recovered. She has had one other cold, but it quickly ceased without medicine.

February 29th, 1888.—Has not had a bad cold since, till now, when there was excessive irritation in upper throat, worse evening and night; feeling of great weakness in throat; hoarseness, and a threatening of the "bar" feeling last night.

I gave one dose of *Hæmatoxylon*<sup>5m</sup> (F. C.), prepared by my friend, Dr. Tyrrell, of Toronto, and it soon cured.

(3) *Cajeput*.—May 23d, 1887.—Miss B., aged twenty-one. For a week or more, tongue has felt swollen, *seeming to fill the whole of mouth*, and making her lisp. Having no higher potency, and as Dr. Skinner had refused to send me any more of his potencies, and there was no time to write to Dr. Tyrrell for one, I gave her a dose of *Cajeput*<sup>30</sup>, telling her to take a daily dose till

better. She continued the medicine too long and experienced the following proving :

May 24th.—On waking this morning, tongue was very dry and felt shrunk to rather less than its natural size—a contracted, dry feeling; when it became moist it gradually assumed its former condition. (This is new.)

June 10th.—She took a daily dose till May 30th. Every morning, on waking, she had the same symptoms as on May 24th, till she stopped taking it. Yesterday the tongue, which had got quite well, began to feel too large again. After taking the medicine for three days, felt low-spirited, thoroughly miserable, also irritable, but this now less.

I gave her one dose of *Cajeput*<sup>200</sup>. It made her feel more depressed than ever, sensitive if any one spoke sharply to her. Tongue got quite well.

(4) *Carlsbad*.—June 16th, 1885.—General H., aged sixty-two, had been under my treatment for two months for sciatica with great benefit. To-day he complained of cramp last night in left ankle; formerly has had it in both; it comes on about five or six A. M., wakening him; it extends down to instep and up to a little above ankle. As he had had no medicine for a month, and, in addition to this new symptom, the old hip pain had begun to return, I concluded the first medicine (*Sepia*) had finished its work, and I now gave him *Carlsbad* (*Sprudel*) 2m (F. C.), a dose in water twice daily for fourteen days.

July 18th reports that he soon improved in every way, and that for ten days has been quite free from the cramp. *No medicine*.

July 29th.—He reported that he felt paralyzed in loins for several hours after rising from bed, better as the day advanced.

This symptom he never had before, and it very much resembles the provings of *Carlsbad*: a very hot hip-bath would partially remove it. No return of the cramp. Mineral springs are exceedingly powerful remedies, and need a thorough proving. In 1885 a lady patient complained of cramps in the fourth and fifth toes of right foot, and told me that while drinking the waters at Kissengen they were much worse than they had ever been.

(5) *Onosmodium Virginianum*.—In Boericke & Tafel's *Bulletin* for November, 1885, is published a corrected and enlarged version of Dr. Green's provings, with comments by Dr. S. A. Jones.

On February 26th, 1886, a man, aged thirty-eight, consulted me about sexual weakness, arising from bad habits in

youth. I had previously removed his headaches after nocturnal emissions with *Conium*<sup>cm</sup> (F. C.). He has taken no medicine for seven months. He now consulted me again and I gave him *Onosmodium Virg.* twice daily, at first in the ninth centesimal potency (having no higher), and afterward, as soon as I could obtain it, Dr. Swan's DMM potency. It did him much good; the nocturnal emissions, which occurred about five times a month, were reduced to two monthly, and did not exhaust him so much, nor was he so sleepless afterward. There was less escape of semen after sexual excitement. Formerly any sexual excitement would cause a semi-erection and a very slightly painful feeling in penis, which would feel uncomfortably large; this was entirely removed. His condition of impotence was not affected by the remedy as far as I know, for he ceased treatment after six months. Perhaps it was just as well that he should not have been restored to virility, for his father and brother had died in a lunatic asylum and a sister died of phthisis. For such a man to beget children is a crime against humanity.

In another case of sexual weakness, the ninth potency removed a too speedy emission, with deficient erection and diminished pleasure; coldness of glans penis; failure of memory; irritability; unsteadiness of legs while walking.

On February 12th, 1886, I began to prove the medicine on myself, being in good health. I took the ninth potency twice daily. The only symptom was, on the first night I did not sleep well all night; restless, turning from side to side, or moving limbs constantly; slept little, waking often. A little before four A. M., woke on left side with a sort of nightmare, dreaming about fighting with dynamiters; slept a little better afterward, but not well.

This remedy deserves a more extensive proving.

The balance of the evening was taken up with a novel feature in the form of a materia medica quiz, which, from its great success, is likely to prove a prominent feature in future meetings. It was taken part in by all present and generally acknowledged as a very profitable innovation.

Adjourned at a late hour.

WM. JEFFERSON GUERNSEY, *Secretary.*

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WHAT IS THE REMEDY?—"In response to this inquiry in your last issue, I hasten to reply, Kalmia."—F. POWELL.



## HOW SYMPTOMS CHANGE.

EDITORS HOMŒOPATHIC PHYSICIAN :—For the interest of the members of the Rochester Hahnemannian Society, I desire to comment on the case related by Dr. Grant to the Society, and published in HOMŒOPATHIC PHYSICIAN, October, page 538, last line, where the Doctor gave Stannum. He notes that the patient came back and stated that the sputa had changed in the taste to “salty.” Stannum has the salty taste as well as sweetish, and it is very common for a drug to convert one symptom into another within its own sphere in curing. If it converts a symptom into one not within its own sphere the cure will be slow or prove to be not a cure.

When a patient returns and reports symptoms worse or changed, it is proper to look to see if the new symptoms are found under the medicine taken. If they are found there the prescription is a good one and the physician may say to himself, *Sac. lae.* If the new symptoms are not found in the search into the same proving there are two conclusions to be settled by waiting :

I. The case may need another remedy.

II. If the case goes on to quick recovery it will be found that the new symptom or symptoms will some day belong to the pathogenetic symptoms.

It is well to keep a note of such symptoms, as they will some day fall into line as good symptoms to know.

The cultivation of this watchfulness leads to great accuracy in prescribing, as much will be gleaned that comes under useful knowledge. The field is a very large one, and the field of high potencies is especially a fertile one. Observing what develops in the aggravation of high potencies and the direction of symptoms is the grandest study in the materia medica.

J. T. KENT.

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## A PECULIAR SYMPTOM OF COCAINE.

EDITORS HOMŒOPATHIC PHYSICIAN :—The following from an allopath shows a keener scent than some of our *demi-semi* homœopaths possess.

The symptom is a *peculiar* one, therefore important.

Yours,

WM. JEFFERSON GUERNSEY.

SCHADLE (J. E.) ON A PECULIAR EFFECT OF COCAINE.—Preparatory to an intranasal operation, pledgets of cotton saturated with a four per cent. solu-

tion of Cocaine were introduced into the nostrils on several occasions. On each application the patient, a man of thirty-five, mentioned a cold, "gone," relaxed feeling about the external genitals and a *sensation as if the penis were absent*. Toward the end of treatment he noticed a permanent weakness of the sexual organs, and finally seminal losses and impotence set in and continued until the Cocaine was entirely withheld.—*Medical Register*, August 11th, 1888.

## STUTTERING SPEECH.

### SOME ADDENDA BY S. L.

When we ask, What is stammering and stuttering? Kussmaul, in his great work, *The Disturbances of Speech*, answers it thus: Stammering consists in the loss of the faculty to pronounce certain letters correctly, while stuttering is a spasmodic loss of power, coming off and on, to vocalize sounds, especially the explosive consonants. Though the stutterer utters correctly every single letter, he cannot connect them to syllables on account of the difficulty to vocalize them. We may say, therefore, that the *co-ordination of the muscular motion for letters is another function, and arises from different central apparatus than that for syllables and words*. Stuttering is a spastic neurosis of co-ordination; it is a dysarthria syllabasis, appearing at certain times and under certain circumstances, while in aphthongia spasms appear in the hypoglossus at every attempt to speak, and thus speaking becomes an impossibility. Stammering, dysarthria literalis balbuties, may be congenital or acquired, functional from wrong education and deficient exercise, or from organic causes in central parts of the nervous system, or localized in the motory nerves of speech, especially in the hypoglossus. Thus Kussmaul gives us two valuable hints. We have to look at the remedies for inco-ordination, a kind of localized chorea of speech, if I may say so. We deal here with a neurosis plain and simple, and it is a well-known fact that the longer this neurosis lasts, the more it becomes a habit, the more obstinate will it be to eradicate the vice. We have, therefore, a wider scope when we look for disturbances of speech than only for stammering and stuttering, and with due respect to our good friend, the editor, we would wish to lead his attention to some other drugs which also show disturbances of speech, as:

*Anacardium*.—When speaking he finds it difficult to utter certain words, as if his tongue were too heavy; great mental weakness; he fails to know what and how to say it; heaviness of tongue, and sensation as if swollen; impeded speech,

*Artemisia vulg.*—Speech unintelligible; can utter but single words, and these only with great exertion; froth at the mouth.

*Argentum nitr.*—Speech stammering, cannot talk from spasms of the muscles of tongue and throat; ptyalism; limbs, especially his knees, start up at night, awaking him; hands tremble; foul breath.

*Asafoetida.*—Neuroses of hysterical and scrofulous people; speech unintelligible; tongue white, swollen; frequent muscular jactitations in arms and legs; constantly chewing and working frothy slime out of his mouth.

*Calcarca ostr.*—Speech is difficult and clumsy; tongue pushed upward and to the left; copious flow of viscid saliva; ravenous hunger, with weak stomach; bulimy in the morning; trembling motion of upper and lower limbs in spells.

*Cuasticum.*—Stuttering, difficult, indistinct speech; muscles of tongue affected so that speech is thick and words are jerked out; salivation; ravenous hunger, takes food in a hurried manner; twisting and jerking of limbs.

*Cicuta.*—Speech difficult from having no control over movements of mouth and tongue; great hunger shortly after a meal; irresistible desire to eat coal; jerking of limbs.

*Crocus sat.*—Absence of mind and forgetfulness, makes constant mistakes in words; music is the only thing which clings to his mind.

*Kali brom.*—Disturbance of speech, emanating from brain, medulla, or spinal cord; action of tongue disordered; stammering; slow and difficult after waking; profuse saliva, with foetid breath; fitfulness of motion, must be on the move.

*Lac caninum.*—Difficulty in articulating, owing to a paretic state of tongue, causing stuttering if she talks fast, has to speak very slowly; mouth full of frothy saliva.

*Lachesis.*—Stammering, letters s, b, t, w; stammering comes with second or third word or not in a whole period; saliva abundant and tenacious; hunger, cannot wait for food; jerking of extremities with restlessness.

*Laurocerasus.*—Indistinct speech and gets angry when not understood; unusual appetite.

*Lycopodium.*—Cannot read, because he mistakes letters; he can write correctly, but cannot read what he wrote, leaves out syllables and cannot find the right word for common things; tongue stiff; stuttering without any appreciable cause.

*Platina.*—Stuttering, her voice sounds as if she had something in her mouth, as if the posterior organs of speech were covered and clumsy; hysterical disturbances of speech.



*Spigelia*.—Repeats the first syllable of the first word several times, after that speaks plainly; helminthiasis.

*Zincum*.—Echo speech; patients repeat in a monotonous, singing way the words and the sentences of their neighbor without being conscious of it; weakness of the organs of speech when reading. (*Tabacum*.)

With the remedies mentioned by Dr. Lee, page 545 of this journal, we are certainly not without means to battle successfully with these disturbances of speech. But let us not be absorbed entirely by looking up the simillimum; there are other and equally important aids at our command, for Kussmaul insists on careful nutrition, hydropathy, gymnastics of the lungs, and careful watchfulness, so that the patients may pronounce every syllable clearly, slowly, and distinctly, when we want to cure successfully their ailments. The patient must learn to use his will-power, and silence in company, especially during exciting conversations, cannot be too highly recommended.

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### THE ORGANON, SECTION 153.

“This search for a homœopathic, specific remedy, consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison the more *prominent, uncommon, and peculiar* (characteristic) features of the case are especially, and almost exclusively considered and noted; *for these, in particular, should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease, and to almost every drug.”

MR. PRESIDENT AND GENTLEMEN:—I have chosen the above section for discussion as its practical application in treating the sick determines the homœopathicity of the prescription, differentiates the homœopathic physician, and is the shortest cut to the cure of the disease.

'Tis easier to receive advice than to follow it, and I think this is excellently demonstrated by this section.

One would necessarily infer from this that all physicians would be in perfect accord as to the remedy when the teachings

contained therein were properly applied to a given case. But is this true? Do physicians ever disagree as to what is the most similar remedy in this given case? In a large number of cases, *yes*. I propose to offer some points for discussion as the possible reason why there is such a confusion of opinion at the present time.

In a word the whole trouble is *Education*.

In following the advice of the section we must determine at the outset exactly what these *prominent, uncommon, and characteristic* features of the case are. What is the best means to attain this end, how shall we educate ourselves to make this practicable and of easy solution, when ignorance or doubt is all we possess?

If any one wish to study medicine, his first idea is to select a preceptor. This selection is almost as vital to his future success as the proper remedy is to the patient. Early education is generally a life-long accompaniment. If he wish to be a purist his paramount object should be to select one whose practice shows his principles. Having thus begun, he should read and study the *Organon*. After having understood its principles, his preceptor should review its study with him, emphasizing the points by practical suggestions, and the study of cases, old and new, to impress its philosophy. The student soon finds his knowledge is very limited with regard to the body whose ills he expects to know. He now begins his regular work in Anatomy, Physiology, Chemistry, Practice, etc., all with one end in view—how to detect and cure those ills. The College thus comes in to supplement the work already begun. Here is the next most important, as well as dangerous, step in his existence. What guarantee has he that his education will be in thorough harmony with the *Organon*? In the clinics the Professors examine the cases all through his course, thus depriving him of that most essential requirement in practice—the thorough examination of the patient. Instead of being required to suggest and analyze the remedies that have the most bearing upon the case, the symptoms and remedy are both given, and he is again deprived of the next most important point in practice—comparison of the symptoms of the *remedy* with those of the *case*.

When in doubt, after graduation, as to the remedy in a case from whose imperfect examination he had not been able to elicit the trite characteristics he has so often heard in college, he seeks the advice of a brother physician. Usually from every one to whom he applies he receives a different suggestion. What is he to do with the advice of “section 153” now? Can six or seven

answers to the same question be true, when Hahnemann distinctly points out in section 118 that each remedy has an individuality which cannot be re-produced by another?

What is to be done? His patient needs attention, his living depends upon his clientage. He becomes a make-shift, adopting anything that offers the faintest ray of hope or success. This *habit* soon becomes *practice*, and from the promising student a full-fledged mongrel is matured. Is this an ideal picture? "He that runs may read." This is not all; the few who do bear the standard, are falsely adjudged from the practices of this pretender, and the school misrepresented.

It is much harder to-day to be a homœopath than formerly, for the reason that we have not kept system abreast of the means. The materia medica has increased, but where do we find the analytical repertory as the key to unlock its secrets?

There is a crying need for more *practical* training in our colleges. The last year should be especially devoted to applying clinically what has been learned theoretically. If three years be insufficient, four or five should be required. It is not numbers, but quality that is wanted in men who have human life as their stock in trade. Whoever heard of a boy listening to, or reading lectures for a period of years, and then setting himself up as a plumber, wheelwright, carpenter, or what-not, without ever having handled the very tools he must daily employ? Must medicine, the greatest of all professions, be an exception? A year well spent in examining and treating under a well-disciplined clinician, would sow seeds that would, in a few years, bear renown to the physician, his school and Alma Mater.

It is common for those students who can afford it, to go abroad for clinical instruction. This being *practical* work, it soon becomes the *habit* of the recipient, and in time he returns full of the latest crazes, and all the attendant paraphernalia to combat *germs*; with fine ability, probably, to diagnose the pathological lesion, but where are his methods of cure, his *diagnosis* of the *remedy*, his *Homœopathy*? This from want of impressive education and disuse, he has almost forgotten; he knows its theory and that is all.

He begins to practice, and what do we find—one who extols its methods? His practice gives the answer. Just here lies a wholesome lesson for the fraternity and all colleges.

Preceptors, select proper students. Colleges, extend your course, and above all incorporate clinical training in the curriculum under a supervising corps of teachers, and see to it that these men know, teach, and prescribe with the *Organon* as the



expounder of their principles. Make better doctors, engender confidence by fidelity to principles, and reap the reward of your labors.

As the current practice of to-day is a so-called Homœopathy, not Hahnemannian, can we regain the lost ground and progress?

We think so, but it behooves every one to face the responsibilities and work.

How shall we proceed?

1st. Each and every one *study* the *Organon*, to inculcate and perpetuate orthodoxy.

2d. Each one prove and study one or more drugs as Hahnemann directs in sections 105 to 145 inclusive, to educate our analysis, and create faith in the sick-making and curing power of drugs.

3d. Examine patients with the fidelity indicated in sections 85 to 105 inclusive, to show *why* the remedy was given, to discipline our observation and cull the chaff from the wheat for elimination from the materia medica.

4th. Join a society which makes materia medica and therapeutics its chief topic of discussion, to receive new ideas and assist our co-laborers with our experience.

5th. From study and experience suggest the characteristics of a remedy and prepare a repertory which gives its detailed analysis, with the concomitants of all these characteristics, to unify the means of finding *the* remedy.

By such concentration we shall be able to trace through the labyrinth of to-day a path which will lead to the goal of Truth so deeply hidden in "section 153."

W. H. A. FITZ, M. D.

PHILADELPHIA.

## VERATRUM IN CHOLERA MORBUS.

H. P. HOLMES, M. D., SYCAMORE, ILL.

I was called out on the night of August 24th to see a son of the Emerald Isle, and told to hurry as his family feared he would die before I could get there.

Found him in bed, suffering with cholera morbus, bathed in a cold perspiration, very weak and badly frightened. He had been vomiting and purging for about two hours, and had severe cramping pains through the bowels and in the lower extremities. Stools thin, green, and watery. Constant thirst and

drinking large quantities of cold water. The patient urged me to do something at once or he would be dead entirely.

I had not brought my library with me,\* as I had been called in a great hurry, and besides I had loaned my wheelbarrow to a neighbor. I did not have time to go to my office and study the case. What was much more fortunate for the patient, I had committed to memory in my spare moments quite a slice of the *materia medica*, and hastily reviewing the case I found there were so many symptoms indicative of *Veratrum album*, that I ventured to try it, although I fully realized it was in opposition to the well-founded belief of many of the leading members of our I. H. A.

My rule of practice is, when you find a remedy well indicated, give it high to begin with. Accordingly I made six powders of the 200th of *Veratrum album* and gave directions to give them every half hour until the patient was relieved, stopping them as soon as he felt like going to sleep.

I considered it a desperate case, as several such had died under the old school régime in our town, and it was a good chance to test not only the value of high potencies, but Homœopathy as well. I called to see my patient early the next morning and found him sitting up. He was free from pain, had vomited but once after I left and had had but one movement of the bowels. He said he had taken but four of the powders and as they had relieved his pain so quickly he thought they must be Morphine, and so would not take any more. I put him on placebo, to be taken every two hours, and was both surprised and delighted to see him down town marketing in the afternoon.

I think this case speaks for itself. The right to have the ability to prescribe for acute cases at the bedside is questioned by but few physicians, and they, I fear, are very apt in their discussions to confound the treatment of such cases with those of a chronic nature. In cases calling for immediate attention it seems to me a risky piece of work to either take out a library at the bedside or to go back to one's office to study it up. While the value of a "book prescription" made at such a time might be far greater than one made off-hand the chances of getting just enough embarrassed to be unable to find anything at all in a repertory would be very great. I have not, as a rule, been able to find just what I wanted when I was in a hurry; and while haste is perhaps not the best thing in a critical case, it is

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\*See pages 586 *et seq.*, about the use of books at the bedside.

in just those cases that one needs to be able to work rapidly and surely. Let those use their books who want or need them.

Another lesson to be learned and one that applies more to the younger members of our great school, and that is the value of strictly homœopathic treatment in the most desperate cases. "What do you do when you find a patient who is actually sick?" is very often asked of me by non-believers. It is no more necessary to resort to the strong remedies and Morphine in acute cases than in chronic ones. I have always contended that the well-indicated remedy will relieve pain in a given case better and quicker than Morphine, with this advantage, the homœopathic action is *curative* while the Morphine, as Walt Whitman says, "costs more than it comes to."

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## MEMORIAL ADDRESS UPON THE LIFE AND WORK OF ADOLPH LIPPE.

P. P. WELLS, M. D., BROOKLYN.

(We give here only a condensed report of the Memorial Address delivered October 29th, by Dr. P. P. Wells at the Women's Homœopathic Hospital of Pennsylvania. We are sorry space will not allow us to give this excellent address in full. We believe it is the intention of the ladies of the Memorial Association to publish the address in full for distribution, so all may read it.)

It is well, when those who have been largely gifted with powers for doing good in their generation, have passed from us to the untried world, that they should be retained in the memory of those who survive, to whom must be committed the work they have laid down.

It is proper that such persons should be held in memory on the lines on which they thought and acted. It is well that these lines of thought and action, and the principles of philosophy which guided both, should be clearly recognized and ever held in plain view, by all who are ambitious of the greatest possible successes in practical life. Such may rest perfectly assured that the results which crowned the life and labors of Adolph Lippe, rendering them glorious, and worthy of our memory, can only be attained by work on the lines he followed, and in perfect obedience to the philosophy to which his heart and life were given, with such perfect loyalty and obedience. It should never be forgotten by faithful hearts, that there is no short and easy method to the results which attend loyalty to law, and obedience to its practical methods. To attempt to gain these by



shorter and easier methods is only to dishonor law and secure disgrace which attaches to failures.

When those so gifted and so active lay down their work, it is good that the memory of their work be cherished and kept alive in the hearts of those who remain to take up and carry forward the work which death has committed to their hands. To secure this object it has been common to erect some material object suggestive of the man, his virtues, or his work, so that memory may be quickened and emulation of the virtues and good deeds of those so memorialized may be excited.

In erecting such a monument to the great and good in order to secure this objective, it is indispensable that there be in the memorial, in its nature or material, a suggestion of the man or his work which shall excite and maintain the sympathy of the beholders with the man and work memorialized. It is at once recognized that the same monument could not suitably represent the eminent warrior, statesman, or divine. The monument to each must be suited to the character and work of the man it would call up in our memory; it must be such as will excite in us sympathy with the excellence of that character and work. In this view, what shall be found in monumental form, which will most vividly recall to our minds the friend and teacher who has left us, and left us without a successor? What shall it be which will most forcibly revive the memory of his great practical life work, the results of which the most ambitious may and will be satisfied with, if he can equal in his practical labors? What shall be the monument raised to the memory of Adolph Lippe, and what are the reasons which call for its erection? We will, for a moment, look at these two questions.

We will examine the second question first. The reason why we should retain in our memory the name and the work of Adolph Lippe? First, because he was a man with convictions of truth in the matters of his life work, and with a courage which enabled him to carry these loyally into his daily duties. Whatever of opposition, ridicule, or reproach there may have been brought upon him by reason of these, what he accepted as truth he manfully maintained, defended, and obeyed. Whatever he met of opposition or reproach, because of these, he was ever able to withstand and to treat as they deserved, either with unanswerable argument, or a never weakening contempt. The petty wit, sarcasm, and ridicule, vain ignorance and empty conceit cast on him and the truth he had accepted and practiced, he could pass by as less than vanity, knowing well the character of its origin, and if the persistency and iteration of these some-

times excited his wrath they never caused him to swerve from the truth he loved and had made the foundation of his life work. How irritating these sometimes were, those who are old enough to remember when the practitioners of Homœopathy were few, may well remember ; those who are younger, and only remember when these practitioners have become many, can have no realizing sense of this, and if we add to these the falsehoods and misrepresentations, which usually accompanied the opposition our earlier *confrères* met, we may not be greatly surprised if we remember our friend sometimes (as the great master whom he venerated and followed did before him) lost his patience and his temper when he saw truth so treated by those who knew no better.

Second, he was loyal to the law he accepted ; as God given, he recognized the extent of the relationship of this law. Its origin in infinite wisdom and benevolence was to him a sufficient guarantee of its universality of relationship to all curable sicknesses ; that intelligent and loyal administration of this law assured the greatest possible release to the pains and dangers incident to sickness of whatever form. This view of the extent of the law, and conviction of its supremacy over suffering and death, bound him to it in a spirit of perfect confidence and consecration. Who will say he was wrong if he regarded those who would reduce the universal breadth of this law to a "narrow groove," or to the limits of a "mere dogma," as no better than enemies of God and man, and dealt with them as he thought such renegades or reprobates deserved ? Is it remarkable if this dealing at times had in it little of patience or forbearance ?

He was equally clear in his recognition of the inseparable corollaries of this law. He saw their importance in the clearest light, and that compliance with their demands was equally necessary to success in treating as obedience to the law of similars. The first of these is the starting-point for every endeavor for a cure of any sickness : "the totality of the symptoms ;" this is declared to be "*the sole indication in the choice of the remedy.*" This declaration our friend accepted as truth, not to be questioned, and placed it as the chief corner-stone in the foundation principles of his life work. He gave to no associate science of therapeutics part with this corollary in its execution of its specific office. If called to account by those less intelligent than himself in the science and art of specific healing, because the acceptance of this corollary gave sole authority in this choice to this totality, thus excluding from this duty the highly prized science of pathology, he would at once reply, this totality is the only science of

pathology known to specific medicine in the choice of its curatives; and he might charge back on his materialistic questioner, that all the knowledge he possesses of his unseen imagined internal something which he calls pathology is in this totality, and beyond this all, as to internal condition in cases of sickness, is as dark as Erebus even to him who assumes to know most. He can know only what symptoms disclose to him. One remedy at a time was as necessary to legitimate results of specific prescribing as was the selection of the most similar remedy, and this because if two were given no man could foretell the effect of each on the other, and of the combined action of the two in these circumstances, as no knowledge of this has been obtained by any experiments or observations. The assumption that this will be made up of the action of one plus that of the other, as these appear in the record of their provings, is fully gratuitous, and has no confirmation in any intelligent experience.

One thing, however, may be safely predicated of this violation of the second corollary of our law—a confusion of phenomena in the sickness which no intelligence may be able to unravel or remedy. It will be seen that, for these reasons, obedience to this corollary is fatal to that senseless heresy (practiced by those who do not know the law or the specific curative when they see them) called “alternation.” This has its origin wholly in the uncertainty in the mind of the prescriber. He does not know, and hence is not quite sure, whether A or B is the remedy, or, indeed, that either of them is, and so, to make certain of the greatest possible good, he will give both, though he knows nothing of the effects of those drugs when so given. He will, most likely, fail of the greatest possible good, and he is all too likely to produce the greatest possible confusion and embarrassment.

The third corollary of the law was equally recognized and accepted as authoritative by our friend. The least possible of the remedy which the cure requires was the thought, ever present with him with the power and authority of truth, whenever he administered drugs for the relief of the sick. The necessity of this rule he saw clearly in the nature of things; he saw that all drugs are sick-making agents. That the most similar remedy, the specific curative of the case, makes sick in the manner and direction of the acting morbid cause. Hence, all of the drug agent given, more than is required to neutralize the action of the morbid cause, can only add to the intensity of the action of that morbid cause, and so to increase both the suffering and the danger of the patient. Much and great evil has come from disregard



of this corollary, and the more accurate has been the selection of the remedy the greater has been the harm from over-dosing.

This corollary of our law, "*The minimum dose of the dynamized drug*," it will be seen, is made up of two elements—the amount of the agent given and the state in which it is to be administered. The two are not founded on the same basis; the amount is a logical outcome of the nature of the portions which constitute each clinical problem the prescriber of specific medicine is called on to solve. It is different with the second element, that of the state in which the similar remedy shall be given to the patient; this is in no sense or part a result of logic or of reasoning, but is wholly a child of experience. It was accepted and made an authoritative part in the life work of our friend, because the experience of the great masters of our healing art, himself included in the number, had demonstrated that in the dynamized state the most similar remedy is curative in a far greater degree than when administered in the crude form. The truth of this had been so many thousands of times demonstrated to his observation that no experience of his practical life was received with more confidence than this, of intensified curative force of the drug resulting from the process of dynamization. And because of this ascertained increase of power to cure, in this state, the requirement in this corollary, that it be so given, has become a demand of law in our administration of specific therapeutics.

The demand of this law and its corollaries, on those who would practice the system of specific medicine taught by Hahnemann, for intelligent acceptance and obedience was responded to by our friend in perfect good faith. It was this response which placed him in the highest rank of healers, where he stood with few equals and still fewer superiors.

Dr. Lippe's intelligence went far beyond a mere acceptance of the truth of our therapeutic law and its corollaries. It apprehended clearly the true nature of the factors involved in every problem for therapeutic solution—the true nature of sickness, and that of the agent by which sickness is cured. He saw clearly the error of those who regarded sickness as entities, as things distinct from the sufferer they are to care for, and that those who claimed exact knowledge of these things, as to locality, form, and nature, were only deceivers or deceived. That the dignifying of this claim by attaching to it so respectable a word as pathology in no way gave it aught of value; that this kind of pathology added nothing to any man's power as a healer.

Instead of accepting sickness as a material thing, he saw them

only as disturbances of the action of the force which moves and controls the functions of the organs of the living body, so that the harmony of these functions which conserves the organism in whole and in all its parts which constitutes health, is lost, and is replaced by the discord; sickness, then, is not a thing but a disturbed force. Not a material entity, but an immaterial force, perverted as to its moving and governing of bodily functions. So he saw sicknesses to be, and he saw them just as they really and always and only are. Then it follows that a true science of pathology must of necessity be, and only be, made up of a knowledge of those disturbances of life-force and functions which we are accustomed to speak of as "*the totality of the symptoms*;" this is the only true pathology of any case. So, when it was alleged against Hahnemann, by his materialistic antagonist, that he had no pathology in his system of specific medicine, he alone of all the world had and taught a pathology which had its foundation in truth and the nature of things. The true philosophy, then, of sickness is a philosophy of dynamics—of form and its perverted action on functions. This philosophy was accepted by Dr. Lippe, and, together with his loyalty to law and its corollaries, helped to raise him to his height of excellence as a healer.

He saw, also, the true nature of the ætiology of diseases, and that this was in perfect harmony with the accepted philosophy of the law, its corollaries, and the nature of the result its causes produce; that these causes, like the sickness man is called to cure, were not of mechanical or chemical origin, but of dynamic nature. The truth of this is demonstrated in all miasmatic causes and contagions. These are wholly beyond the grasp of human intelligence, except as their existence is revealed in the phenomena resulting from their assaults on the life-force of man. They are wholly beyond the reach of the microscope or of the most enlightened chemist, and are as far removed from the much-talked-of living "germs" of the material ætiologist as is his promised protection by the destruction of the "germs" from truth. The causes of malarial fevers, malignant cholera, variola, etc., are as inscrutable, except as studied in the result of their action on the life-force, as are the thoughts of the angels in Heaven. Hence the folly of much of the talk of disinfection and the proceedings with germicides for the accomplishment of this end. And hence has come so much disappointment after liberal use of so-called "disinfectants" which do not disinfect. Our friend was equally intelligent as to the nature of the agents which were to be used in human sicknesses when administered

in compliance with the demands of law. He accepted the truth, many thousand times demonstrated in his own experience, that this power, which comes, is not from the matter of the agent at all, but a dynamic force associated with that matter, which, by the manipulation taught by Hahnemann, could be liberated from its original association, and so made available to specific medicine for the cure of human sicknesses. That substances apparently inert were made to yield a dynamic of great power to heal, while the most destructive poisons were caused and converted into beneficent healing agents by this process, called dynamization.

It is not at all surprising that the materialistic antagonist of Hahnemann's medical philosophy was only distracted when told of cures of serious sicknesses wrought by these almost demonstrated nonentities. Do mathematical demonstrations lie? Can something come from a demonstrated nothing? Very likely not. But the falsehood of this otherwise correct reasoning comes from its starting-point. It takes for granted what can never be proven: that the power which cures is identical with the matter of the drug, while every cure wrought by these dynamizations is a demonstrated truth that it is not. It further exposes the folly of attempts at reasoning from matter and mathematics on a subject with which neither are in any way related.

We have very briefly given a view of the principles which give individuality to Adolph Lippe as a healer, and to his life work as one of eminent successes. These principles were so clearly recognized, and accepted so unreservedly, that they virtually became a part of his own life. They were ever present in his thoughts, and dominated every decision in his clinical work. And before each problem of curing he was called to solve, his first inquiry was: What does the law demand for the relief of this *one* case? and he earnestly and honestly set himself to answer this demand, for in all his practical life he was a servant of law. It was never first in his thoughts before a knotty and complicated case: *how shall this be named?* but, rather, what does the law require for its cure, and how shall this be found? What! says old physic, go for a remedy before you have made your diagnosis? Why, if the remedy proves a success, you never know what you have cured! I think I hear my friend reply to this very foolish criticism: I cured my patient, and this was the objective of my endeavor, and neither nature nor law—its law of healing—required a Greek name to make his cure complete.



It is, then, not Adolph Lippe, the man whose memory you would perpetuate, but Adolph Lippe the great healer of men. As a man he was like other good citizens, discharging the common duties of life faithfully; as a healer of sick men he stands out conspicuous in the ranks of those who stand highest. With natural endowments qualifying him for the work of his choice of a very high order, he brought to this work a consecration of heart and life under the control, and in the light of law. Loyalty to law was the one governing principle in his work which made it phenomenal by reason of its many and great practical successes. This loyalty had its origin in clear perception of the origin of the law of healing, of its logical connection with other laws having the same origin, and that, like other natural laws, this also was of universal application and authority. The voice of man—no matter what his reputation for intellectual power and knowledge of the natural sciences—what is this when opposing the speech of the Supreme Omniscient. It had no influence to reduce our friend from his confidence in the divine speech, or for a moment to cause him to waver in his integrity to divine commands. The law was to him not a “rule,” but a command.

Is it a memory of this healer, so constituted in his nature, so consecrated in his spirit to truth and law, so unyielding to whatever of influence of learned men of great reputation in the world of the sciences, so quick to detect, and so powerful to rebuke error, that you would keep alive in the hearts and minds of those who survived him? Then by what means can this best be done? Fitness in the means employed for this purpose is necessary for the attainment of the objective of the memorial. The memory of a Washington or a Lincoln may be perpetuated by a shaft or statue. This has been done by both, and the sense of propriety in man has been abundantly satisfied by each. A statue may fitly suggest greatness in the orator or the jurist, but neither of these has any voice to remind us of the man who was eminent among men as a healer of their sicknesses and pains. They are in their very nature dumb as to all which gave the man his great power for good. They are wholly blind as to any recognition of principles of truth in law, or in the relationship which law has established between sicknesses and the agents by which their healing shall be effected. No material monument can be erected which can be at all expressive of these. Such monuments may express ideas of material facts or existences, but for expression of the dynamic nature of sicknesses and their curatives these have no power.

They are equally imbecile before the problem of representing the skill which has rightly selected, rightly managed the administration of the means which law has demonstrated for the successful healings which have made the life of the man you would memorialize so conspicuous. This man was truly great in the work to which he gave his thoughts and his life, but no material form can fully represent the principles which inspired his life work, or the loyal and unswerving obedience which gave the success which made him great among healers.

Then, if we are to memorialize this man and his life work, we must look for the means beyond the common marble and bronze, which may fitly enough represent to succeeding generations the character and work of the warrior, the statesman, or jurist or orator, but can only be found dumb and incongruous when the question is of perpetuating the memory of the man and his life work, when this has been wholly given to the relieving of suffering and sickness of man. A single act, as that found in the story of the good Samaritan, may be successfully treated by the artist with brush or chisel, but when it is a life devoted to truth in philosophical principles and to a daily demonstration of their truth and beneficence, we are compelled to look for means by which fitly to represent and bring to our mind such a life and such a work beyond the material things of the world. We can only find fitting memorials of such a life and work in living examples which shall repeat the work and experiences of the man to be memorialized.

The method of presenting these examples which seems fullest of promise of success in keeping alive the memory of our friend and his work, and to contain in it most of good for mankind, is to teach others the principles, methods, and means which characterized his work, and gave to him the many and great successes which make him conspicuous in the ranks of great healers. If he could have been consulted as to the kind of monument by which he would prefer to be retained in the memory of men, he would, no doubt, have chosen an organization for teaching the truths and principles which he so firmly believed, so dearly loved, and to which he was so truly and loyally obedient. He would have said, "These faithfully and truly taught, and my spirit will be fully satisfied. Let these be taught to others, that they may be able to bless men by reason of their knowledge of the truth as revealed to Hahnemann, and by him given to us, by which truth I have gained all of the successes which have attended my labors."

Then, to satisfy the spirit of our friend, let it be remembered,

these truths must be taught as he himself would have taught them. Freedom from all mixture, from whatever source, of tradition or hypothesis intruded into the companionship of these truths, as improvements of the divine law he so unswervingly accepted, must be most carefully maintained. These, wherever met, were to him a horror. It was no relief to him, rather an abomination, when these intruders were presented as evidence of progressive thought, or as added improvements of law. They were to him always and only embarrassments to all right progress, and were ever recognized and treated as the work of the arch enemy.

This is the kind of law to be taught in any attempt to memorialize the work, life, and successes of Adolph Lippe.

And, more than this, the logical corollaries of this law are to be taught no less faithfully, and as of authority equal to that of the law itself. There are to be no perhapses or ifs in the acceptance of these as supreme in their control of all clinical duties, of all true healers. This law, with its corollaries, admits no addition to its own proper means, which it declares to be sufficient for the cure of all which is curable of human suffering. It rejects all of the indirect means which have been used by some with the thought that these somehow aid the action of the specific remedy, and contribute beneficially to the expected cure. The experience of our friend and that of all most skillful healers has abundantly shown that all such means are always and only a detriment to the success which the law promises to a strict compliance with its demands. The law otherwise taught can only memorialize Adolph Lippe's disgust and wrath when he saw the law he loved so transgressed and abused.

The teaching which is to memorialize our deceased friend and his work must plainly set forth the dynamic nature of both sickness and the medicines by which they are cured. It must be clearly shown that sicknesses are not material *things*, but ever and only perverted functions of one or more bodily organs, as these have been modified by the actions of some noxia on the life-force which moves and controls these functions, this noxia and this force being also dynamic in their nature, and not material entities at all. It is absolutely necessary that the nature be recognized by the prescriber before he can parallel Adolph Lippe's successes, or comprehend the true nature of the elements of any problem of healing.

The dynamic nature of the healing factor is no less a truth of the greatest importance, which is to be well understood, and authoritatively present in the mind of the prescriber before he can intelligently take the first step in the duties of specific medi-



cine. The discovery of this nature was wholly Hahnemann's. He not only discovered this dynamic nature of the healing factor, but also the no less important fact that this dynamic could be separated from its drug operation, expanded, and its efficient action on the living organism greatly intensified by a manipulation which he was the first to teach. It is not forgotten that this great and amazing truth has been denounced and ridiculed as one of Hahnemann's fallacies by those, and they have been many, who have never emerged from the obscurity of materialism. They have not come to, nor accepted, the light which the dynamization of the healing factor has thrown on the clinical experiences of specific medicine. Nor is it forgotten that truth is no less truth after ridicule than it was before. It is well remembered that neither ridicule, laughter, negation, nor hate have power over truth to inflict on it the least injury. Truth always has the mastery in the end, and controls affairs after laughter has died away, and with it those also who have ridiculed and hated. The Almighty has stamped eternity on truth, and, therefore, neither ignorance nor arrogance nor presumption can have power over it. It stands before them and their work in all its dignity, and calm, unmoved, and unscathed by whatever of malice, falsehood or hate of its enemies. It so stands because it is the child of God.

An organization which shall clearly teach the philosophical elements of specific medicine as we have endeavored briefly to outline them, will most successfully bring Adolph Lippe to the memory of man. These elements were the fundamental principles which inspired, directed, and controlled his life work. He took these into his heart, at the beginning from the *great master*, whom he revered and loved, and in all his work of teaching and healing he was loyal to them to the end. It was this singular loyalty which assured to him the great success which characterized his work, and made him quite illustrious in the first triumph of his life. If he can still have cognizance of the affairs which are going on in the world which he has left, what could give him greater joy than to see those who are to be the successors in his life work receiving instruction in the principles of philosophy and practice which he had accepted, believed, and loved; to know these principles were to be presented in the confidence, love, and work of the rising generation of those who will be taught to emulate his example, and strive by the means he himself employed to attain to his successors?

In our last words, we would say to the ladies of the Association, and to those who are connected with the organization from

which this memorial teaching is to come, no greater blessing can come to any than will flow in on you, when this organization you have created shall be found successfully carrying on the work your love and generosity and love of truth have planned. The love of truth, wherever it has attempted to give active, practical existence for the good of mankind, has always met difficulties and opposition before it ripened into full life and action. Its progress in its way to perfect development has had to meet and overcome opposition and perhaps falsehood at each step in its progress. Let it be remembered that truth, loyally sustained by its lovers, is sure to triumph over these in the end, because of its origin in the Omniscient will, and its foundation in the throne of the Infinite. In this presence you may safely persevere, knowing that in the end, whatever and whoever opposes, it will be triumphant, and in it and in the divine approval you will find exceeding great reward in your good work.

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## SOME DIAGNOSTIC REMARKS.

J. M. MILLER, M. D.

*Silicea* has a symptom: Palpitation while sitting quietly, so that the hand in which he is holding something trembles. Hahnemann giving *Silicea* according to other symptoms, cured an unpainful beating, throbbing, and hammering in the breast-bone with it. My old friend Brauns, in Thuringia, was induced to give *Silicea* to a boy of twelve years, suffering by spells with a most violent hammering palpitation, "endangering his life." *Aconite* only lessened it a little, and *Sepia* seemed to overcome the remaining hard shocks of the heart; still the attacks returned, and *Aurum*, given by the parents, did nothing. Finding that the boy was always attacked after quick or violent motion, playing ball, etc., Brauns ordered *Sil.*<sup>30</sup>. Even six months after, the boy had not had another attack. Later, Brauns found out that the boy had been subject to panaritias, and at times they had been checked by washing with water from the tub used by a blacksmith to cool the hot iron. Thus the *Silicea* had been indicated before, in this case. According to Goullon, the pains of *Silicea* are increased by exercise, but with palpitation we did not know it until Brauns published his case. He had several cases similar to the one quoted, and other physicians have corroborated the same symptom. *Silicea* is not mentioned

in any of the cases collected by Ruckert and Oehme, in the chapter on Diseases of the Heart. In all cases cured by *Silicea* alone, there were no signs of an organic disease, nevertheless it could have come to it. In some cases with decided organic disease, *Silicea* was of great service.

*Phosphorus*. A boy of nine years got in the morning, without any known cause, and without any objective signs of congestion, a most violent hammering in the chest, which was aggravated by every motion. In the afternoon, at three o'clock, while walking across the yard, it increased so that it benumbed him, and he fell and wounded his face on the right cheek-bone. Brauns allowed him to smell of *Phosphorus*<sup>21</sup>, and the hammering ceased. The wound was washed with water, containing *Arnica*<sup>30</sup>. It was covered by a crust next day. Four months after he had not had a return of the hammering.

Palpitation brought on and indicated by the slightest motion, indicates *Spigelia*—that is, if the other symptoms correspond. We know this from cured cases, not from the symptoms of the provers. Moving the arms causes palpitation of the heart, may indicate *Digitalis*.

*Ferrum* has anxiety in the chest, and heat rising from the pit of stomach upwards, after bodily exercise, and is often indicated in heart disease.

Bœnninghausen's experience is lost, because he has never separated the conditions of increase and decrease of symptoms in the chest and the heart. He gives in his Old Repertories of 1833 and 1835, a long list of remedies, having increase by motion, of the internal or external symptoms of the chest or the heart, or the mammæ, etc., of which we will mention here, only the most important.

The foremost are *Calcarea*, *Phosphorus*, and *Bryonia*. The next *Graph.*, *Senega*, *Sepia*, *Zincum*, and *Acon.*, *Arn.*, *Ledum*, *Nux vom.*, *Ran. bulb.* Less important, *Bell.*, *Merc.*, *Camph.*, *Caps.*, *China*, *Colch.*, *Puls.*, *Staph.*; in fact, all the Ranunculaceæ have it. On moving arms, besides *Digitalis*: *Ledum*, *Nux mosch.*, *Nux vom.*, *Plumbum*, *Puls.*, *Ran. bulb.*, and *Viola tricolor*.

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## A CLINICAL CASE, WITH COMMENTS.

EDWARD BAYARD, M. D., NEW YORK.

Homœopathy is capable of precision in its practice, but she ever demands a close and thorough study of symptoms of the parts affected—of the conditions under which those symptoms



are manifested, of the accessory symptoms—all of which being observed and traced, lead with certainty to the nerve-cell diseased. In this way the remedy can always be given with precision, and produce a cure. Many a case has been utterly spoiled, and the cure defeated by the practitioner's not knowing or considering the duration of the action of medicine which may be overwhelming and destructive to the end for which the medicine was given.

An able and observing physician of the city of New York told me that in his practice he had a patient who had lost his smell and taste, which was a great deprivation—that he cultivated flowers and enjoyed exceedingly their perfume. He sought the advice of the doctor, who examined his case and prescribed a single dose. Shortly after the patient left the town and was absent for some time. When he returned, much to his joy, he had recovered entirely his smell. The doctor, though having done well, thought he might do better with a few more doses of his remedy. After taking the medicine the patient relapsed, and with all his skill the physician could not excite again a reaction.

I believe if he had left nature to do her work without further assistance, the cure would have been permanent.

I cite a case from my *own practice*, which goes to show that the remedy, if well selected, *must* be permitted to act, and if the reaction is not interrupted will result in a cure.

An infant, five months old, a girl, fair and fat, was taken ill at the end of December last, with great hoarseness and with high fever. Two doses of Aconite were administered by the parents, but they failed to abate the suffering. The hoarseness rapidly increasing, I was called to see the child. She was breathing rapidly with great difficulty; had a cough dry and gagging—a cough suffocative with dyspnoea, and croupy. The eyes were heavy and dull; face expressive of pain.

On the examination of the throat, white patches covered the left tonsil; the throat was so stopped that all the child's cries were smothered, and it could hardly utter a sound.

After examining the child for some time, from the totality of the symptoms I prescribed one dose of Apis<sup>cm</sup> (Fincke). The child lay all day in the same state, but no worse. The next morning about five o'clock she appeared alarmingly worse, the breathing being almost impossible. I saw the child at nine o'clock that morning. There was a slight improvement in the cough, and there were marked symptoms of the action of the medicine. On coughing, pain in head, which was shown by the

distressed look and corrugations of the brow. The second morning the child appeared again worse about five or six o'clock; small bilious stools set in. She rallied again between eight and nine o'clock in the morning. From that time improvement was constant. The patches from the throat disappeared; the cough subsided, and in ten days the baby was able to leave her room. She never had a relapse, and lost but little flesh. She had but one dose of Apis, and no more medicine was given.

Diphtheria on the left side is Apis; suffocative cough is Apis; the aggravation in the morning is Apis; the pain in the head on coughing is Apis; and likewise the diarrhœa.

I believe if Apis had been interfered with in this acute affection, the error would have terminated the life of the child.—*Trans. I. H. A.*

## A FEW VERIFICATIONS.

H. G. GLOVER, M. D., JACKSON, MICH.

CASE I.—June 2d.—George A. consulted me for a toothache which had been “going it” all the week. He said if I would save him the tooth (the only molar left on right side of lower jaw), he would make me a nice present. With such an unusual offer for a doctor to receive, how could I fail to do my best?

I could get but few reliable symptoms, but found he was worse after going to bed, tooth loose. Temple, cheek, and jaw sore to touch. Gave Merc. sol. 3d and 4th, powders, Placebo to follow. The next evening I saw him again; no better. On carefully reviewing the case I found Nux vom. strongly indicated by the concomitants. Gave three powders of the 1m. The next evening he came in with the remark, “Doctor, you have won your present.” The toothache had departed. To my inquiry as to how he had slept the previous night, he said, “Better than for two weeks.” So much for the indicated remedy.

CASE II.—June 9th.—Frank T. came into my office, suffering with a severe pain in the lumbar region, which had taken him suddenly the evening before, and had proceeded to make “the night hideous” for him.

Diagnosis.—Lumbago; remedy, Rhus tox., as indicated by the characteristic aggravation and amelioration. Gave Rhus <sup>cc</sup> three powders. A few days ago I met him, and he said that he felt better after taking the first powder, and that the pain was gone by evening, and he had a good night's rest. With

some comments on the size of my cranium, he bade me "good-day."

CASE III.—June 8th.—I was called to see what looked very much like a case of diphtheria in its incipency, in the little son of an old family of Dr. J. W. Dowling's, who were strangers here, but *would* have a homœopath if there was one in the city. Right tonsil inflamed, swollen, with a grayish-yellow patch about the size of a dime; tongue heavily coated; pulse 110; agg. four P. M. to bed-time; rumbling in the bowels. Of course, I gave Lyc.<sup>1m</sup>, two powders. Next morning tonsil cleared off; better every way. Left Sac. Lac. with instructions to let me know if further attention seemed necessary. Mother came in June 15th and reported the boy all right. We are having a severe epidemic of diphtheria here at present, which makes it seem highly probable that Lyc. "knocked out" a case there in the "first round."

These cases illustrate very nicely, I think, the efficacy of the indicated remedy and the minimum dose.

Homœopathy is an exact science which few men ever master, but we can all do good work if we only "Learn to labor and not wait."

## BOOK NOTICES AND REVIEWS.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, issue of 1888. Edited by Dr. Charles E. Sajous and seventy associate editors. Five volumes, three dollars per volume. F. A. Davis, publisher.

We cannot better state the purpose of this *Annual* than by quoting from its preface: "The object of this *Annual of the Universal Medical Sciences* is to collate the progressive features of medical literature at large, and clinical data from countries in which no literature exists, and to present the whole once a year in a continued form, prepared by writers of known ability." This *Annual* is, therefore, a collection in permanent shape of the best medical news of each year. It is a gigantic undertaking, and will be a useful work of reference. No data is given of homœopathic literature, the learned editors evidently considering such to be beyond the pale of medical science!

HAY FEVER, OR RHINITIS VASCO-MOTOR PERIODICA, AND ITS RADICAL CURE. By E. Lippincott, M. D. Chicago: Gross & Delbridge. 1888.

There is scarcely a disease on the nosological list upon which physicians desire more light than on the so called hay fever. One, therefore, turns with hopeful expectation to Dr. Lippincott's little volume. The Doctor considers the cause of this disease to be due to a local chronic affection which is periodically aggravated by inhaled irritants. For its treatment he praises Naphthalin very highly; other remedies are mentioned, but the indications given for their



use are very meagre. The theory of the psoric origin of this disease Dr. Lippe does not credit, nor does he state the *primary cause* of the chronic local disease to which he attributes the origin of this disease.

A TEXT-BOOK OF GYNECOLOGY, designed for the student and general practitioner. By Professor A. C. Cowperthwaite, M. D., Ph. D., LL. D. Chicago: Gross & Delbridge. 1888.

It must require considerable courage in any physician to write a new work upon "Gynecology," as the field has been so thoroughly gleaned over and over again. Upon receiving this volume of Professor Cowperthwaite's we hoped for something new and strong, but, alas! we have the same old routine of anatomy, of diagnosis, of descriptions of instruments, tables, and positions. As to the treatment, it is chiefly local; little reliance seems to be placed upon internal medication, yet it has been demonstrated in many cases that nearly all of the diseases of women *can be cured* by internal medication. It is idle to claim that this view of their treatment is only held by "theorists," for it is not true. We cannot agree with Professor Cowperthwaite in his views upon treatment in general. Therapeutic indications are given in many cases, and in others remedies likely to be called for are named. The work is well edited and published, it is concise and clear in style, and will be of service to medical students.

## NOTES AND NOTICES.

MARRIED.—Clark—Champion—October 23d, in Germantown, Pa., by the Rev. Dr. Faulkner, rector of Christ Church, George H. Clark, M. D., to Alice Feinour Champion, daughter of the late John B. Champion. Our best wishes and congratulations.

ERRATA.—In last issue, page 511, line 16, for *case* read *law*; page 512, line 12, for *inability* read *imbecility*; page 512, line 12 from bottom, for *spirit* read *speech*; page 513, line 4, for *whether* read *whatever*; page 513, line 12, for *solution* read *selection*; page 514, line 19, for *modality* read *modalities*; page 514, line 15 from bottom, insert *or* after *heat*; line 8 from bottom, for *or* read *of*; page 515, line 4, for *which* read *with*; page 517, line 9 from bottom, for *we seem* read *he seems*; page 518, first line, omit *first with*.

A GOOD SURGICAL JOURNAL.—The *Annals of Surgery*, published by Messrs. J. H. Chambers & Co., of St. Louis, is the only English journal devoted entirely to surgical work. The great attention now given to surgery renders such a journal a necessity.

Drs. L. S. Pilcher (of Brooklyn), and C. B. Keetley (of London), are the Editors-in-chief and are assisted by many of the ablest surgeons of America and Europe, which is a sufficient guarantee of the journal's merit. Those who are interested in the study of surgery can hardly afford to omit *The Annals*.

LIBRARY OF DR. LIPPE.—We call attention of our readers to the following notice of the executor of Dr. Lippe's estate. It is a good opportunity to acquire some valuable homœopathic works.

ESTATE OF ADOLPH LIPPE, M. D. (DECEASED).—The Medical Library and Medicines belonging to the above estate are offered for sale and proposals are solicited for the purchase of the whole or any part of either.

A catalogue of the Library will be sent to parties desiring to purchase upon application to

W. C. HALL, Executor.

251 South Fourth Street, Philadelphia.

THE  
HOMŒOPATHIC PHYSICIAN  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. VIII.

DECEMBER, 1888.

No. 12.

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EDITORIAL NOTES.

THE PAST YEAR: A review of the medical history of the year now drawing to its end reveals a gratifying increase in the interest taken in the study of the materia medica. Many clubs have been formed, in different places, for the study of the *Organon* and the homœopathic materia medica; these clubs have so far given evidence of great future usefulness, and it is to be hoped the members will not allow their zeal to flag.

A few years ago there was scarcely one homœopathic college in this broad land which made even a pretense at teaching Hahnemann's *Organon*, but now, since this journal began its crusade against these derelict colleges, all of them are trying to teach this indispensable branch of homœopathic medicine. As there are very few homœopathic physicians who really understand the *Organon*, there are of course very few who are qualified to properly teach it; still, even an attempt at teaching it is better than entire neglect. In former years physicians have graduated at these colleges who declared they had never heard the *Organon* even mentioned; therefore any change from past neglect can scarcely fail to be something of an improvement.

The establishment of a post-graduate course for the study of the *Organon* and the homœopathic materia medica in this city, by Professor Kent, is another step in the right direction, and one of which it is to be hoped many students will avail themselves. The so-called "Hahnemann College," of this city, has classes which are certainly fed on very light diet in these

branches ; the students of this institution have now an opportunity to learn something of Homœopathy.

We desire to extend our congratulations to our venerable colleague and former teacher, Professor Lilienthal, of San Francisco, who has recently completed his fiftieth year in medicine. Few there are who attain to so many years of medical work, and fewer still are they who use their years to such good purpose as has our venerable friend. Dr. Lilienthal has been, and not inaptly, called the American Jahr, in recognition of his great literary diligence ; as editor, author, and teacher Dr. Lilienthal has always shown great ability and unceasing activity. May many years yet be vouchsafed to him, and may his mantle fall upon a worthy successor.

During the past year it has been the misfortune of this journal to lose two of its best friends and ablest supporters, in the death of Drs. Lippe and Fellger. Both were men of rare ability, and physicians of great success ; we can only deplore their loss and pray that successors may soon arise to fully occupy their vacant places.

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**THE COMING YEAR :** In order to make our coming year's work one of greater usefulness than any of its predecessors, we beg leave to remind our subscribers that each one of them should be a contributor to our pages. The editors do not and cannot make a successful journal, that lies entirely with its contributors. **THE HOMŒOPATHIC PHYSICIAN** has had an exceptionally able and active corps of contributors, for whose past assistance we return our sincere thanks. We trust the coming year will find *every subscriber a contributor*. Let each physician add his mite to the sum of general knowledge ; then true Homœopathy will indeed go forward with a bound.

It has been our rule in the past to limit the size of each monthly issue solely according to the amount of useful, practical papers furnished us. If we have only a limited supply, we publish a smaller number ; if we have a larger supply, we issue a large monthly number. We do not publish trash merely to add to our pages.

**THE HOMŒOPATHIC PHYSICIAN** was started to support true Homœopathy ; it is the only journal which has this object for its sole purpose. It is not published to make money ; all the money received is spent upon the journal. The more subscribers we have the larger journal we can publish, and greater will be our field of usefulness ; each subscriber is therefore interested in securing us at least *one* new subscriber. The trouble taken in



canvassing will be paid for in the better and larger journal received. Let each of our present subscribers resolve to write *one paper* for our pages, and also to secure *one new* subscriber for 1889; before the end of the year he will feel himself amply repaid for his labor.

As we have been able in the past few years, not only to pay our current expenses, but also to save a small amount, we give our subscribers the advantage of this success by offering the journal for 1889 for two dollars (\$2) to all who send their subscriptions before the 1st of April. Those who delay payment until a later date must pay the old subscription fee of two dollars and fifty cents (\$2.50). In making this offer we benefit both our subscribers and ourselves; for it is a great help to us to have our funds in hand early in the year, so we may know how much we will have to rely upon for the year's work. Send us, therefore, at once your two-dollar bill, and tell us when to expect your *new* subscriber and your MSS. E. J. L.

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### THE DOSE.\*

P. P. WELLS, M. D., BROOKLYN, N. Y.

CORRESPONDENCE.—“*Dear Sir*: Your articles in some back volumes of the *Review*, upon diarrhœa, dysentery, rheumatism, pneumonia, and typhoid fever have claimed my careful and repeated study, and have given me a *great deal* of satisfaction. Will you do me the great favor of supplying what seems to me to be the only omission by informing me what potencies you have fixed upon as the best in each of these diseases? Every man must indeed decide this question for himself, but it is a graver matter than any merely scientific question, for it has to do with human life, and what others have thought and done is a great element in the decision. Every physician should settle the matter as soon as possible for himself, that he may feel that he is doing the best that can be done for his patient, particularly in those diseases, as typhoid fever, diphtheria, etc., where death must be met and conquered. By the way, will you not do the profession the favor of adding to those articles soon, one upon diphtheria?

“Respectfully yours,  
“\_\_\_\_\_.”

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\* From the *American Homœopathic Review*, December, 1864. Republished by request.

The "omission" was not an accident. In writing practically on the diseases named above, the object was to deal with general principles and their practical application to the treatment of the sick, rather than to exhibit the writer's method for imitation. The dose was left in silence, not because unimportant, nor from a want of opinion on the part of the writer as to the principles involved. One reason for this omission was his conviction of the little value which can attach to the example of any man in this matter of the dose, both as to quantity (or potence) and repetition, aside from the principles which underlie and dominate the whole subject. Aside from these, it was of little consequence what he had done. He did not forget that in all the public discussions of this subject which he had witnessed, the burden of them had been, that the speaker had in given circumstances done so or so, and that such had been the result, and that this had been repeated by the different speakers to the end, and nothing was nearer settled, as to principles, when they were through than when they began. The interest of the whole from the beginning to the end was in the knowledge that these gentlemen had done what they said they had, and for the doing of which they had given no reason founded on any principle in nature, and that the doing was followed by the declared result. It is possible that some master-mind might from a sufficient number of such loosely observed and related facts, deduce some general principles by and by. It is certain they have very little practical value except as materials for such a generalization. The controversial writings on the subject have not a much better, or a very different, result to show. It can hardly be said of them that they have settled any one principle which all are ready to receive, and from which all may the better advance to the discovery and establishment of others, till the vexed question shall be decided. The statement of the practice and experience of the writer of these papers, as to the dose, would only add another example of this almost worthless testimony.

Another reason for the omission was the known fact of the wide difference of opinion, on this matter of the dose, entertained by members of the profession, and each claiming to be earnest and honest in his own, each relying on his own experience to sustain the preference which he declares. And, further, that this difference is not unfrequently accompanied by so much prejudice in favor of such opinion, that other opinions can hardly be fairly examined or judged. That there is a peculiar sensitiveness with many on this matter of the dose, which will hardly tolerate good-naturedly even the mention of opinions, or listen compla-

cently to the statements of experience which differs from their own. There is certainly no reason why this should be the case, but so it is. The explanation of the singular fact is not difficult. It is sufficient to say, that a similar irritability is not found in relation to different opinions and experiences on other subjects, when these are founded on known facts and principles. In view of this state of things, it was thought as well to leave the dose to a future occasion, as to state facts to which prejudice would not listen, or to add to the sum of individual experiences, which have hitherto settled so little.

Another reason for this omission was the desire of the writer to gain, as far as possible, the attention of the profession to the principles he advanced, and to the practical application of them he recommended. He was unwilling to risk aught of success in this by mixing with them, in any degree, a matter on which he knew there existed far more of prejudice than knowledge, and on which he oftener met earnest effort to sustain or defend prejudice than to add to knowledge. This he felt to be, to too great an extent, true of all parties. For however much good men and true may regret the fact, it is true that parties do exist on this subject, and that there is met in its discussions, quite too often, more of the spirit of party than of true philosophy. Is it not a little strange that this should be so? For what has party to do with a matter like this, which, if it have any foundation whatever, it must be of ascertained truth? This truth must exist, if at all, in the very nature of things, and not in the mere opinions or prejudices of any individual or party. And, we may add, if we are in any degree desirous of its discovery, and willing to engage in honest efforts to this end, we shall have laid aside one of the greatest impediments to success when we have wholly discarded the spirit and feeling of party. It can never be a help, but only a hindrance, in the pursuit of any truth, and that which will ultimately be found to decide this whole matter of the dose is no exception. The reason of this is obvious. The very centre and soul of party spirit is prejudice, and the first effort of prejudice, in the investigation of any party question, is to extinguish both light and eyes, and failing in this, to admit light only through its own spectacles.

Another reason for the omission was a purpose of the writer to discuss this subject of the dose in a paper devoted exclusively to its consideration. The request contained in the communication at the head of this paper has decided him to enter on that duty now. And the first remark he has to make is, that the



whole matter *must* be one of *law* and not at all of mere *opinion*—of law constituted of definite principles, fixed in their character, and in no way subject to change—that they may meet the varying intelligence, opinions, or prejudices of men. Like other laws of divine enactment, they will stand a fixed truth, whether it be brought to light and made an instrument of practical good, or left in darkness with the unknown; whether it be received or rejected. In this, as with other divine laws, rejection is no repeal. As with other divine laws, rejection may be followed by consequences the responsibility of which we may well dread. If this be true, then the whole duty of practical men is to ascertain the nature of this law and comply with its requirements. Criticism of the law of God in the place of obedience is no more becoming in the material than in the moral world.

We have said this matter of the dose, in the treatment of the sick, is one of law. It can hardly require argument to prove this. It follows almost of necessity from that law of cure which we all recognize. It can hardly be otherwise than plain that that power which established the curative relationship between drug agencies and diseases, and regulated this by law, should at the same time and in the same manner determine the quantities and methods of their administration. If this be so, then the idea of our correspondent, that this matter of the dose is one which “every man must decide for himself,” is strictly negatived, if by this is meant more than that each must be his own interpreter of the law, which is certainly true. But before he can interpret the law he must acquaint himself with its principles and relations. To endeavor to elucidate some of these will be the object of the remainder of this paper.

In attempting a discovery of the principles which constitute the law under consideration, we are first to get a clear view of the elements of the problem. These are of two classes—those which belong to the sick man, and those of the drug. In considering the first of these, the first important fact, which we meet at the threshold of inquiry, is that we are to deal with a state of things wholly, or in part, preternatural. The natural relationship between the organs of the body and their accustomed and appropriate stimuli is perverted. The susceptibility of these organs to impressions from these stimuli is exalted, depressed, or extinguished. It may be exalted in relation to some, even to the extent of intolerance, while depression as to others permits only the feeblest response to their impressions, others seem in-

capable of exciting any living perception of their presence. In addition to these there are new susceptibilities to impressions from other external agencies not found at all, or not existing to the same degree, in the healthy. The sum of these changes constitutes a class of facts the most important in our investigation, and also to a proper understanding of the condition of the sick. For our present purpose it will only be necessary to consider such of these changes as have reference to impressions from drug agents. In a given case of disease the patient is often found to be preternaturally sensitive to the smallest quantities of some drugs, while there is an equal insensibility even to large quantities of others. This is a common experience. Why is it so? If we are not mistaken, a satisfactory answer to this question will be little less than an exposition of the law of the dose. These changes of susceptibility, then, constitute the first class of the general elements of our problem. Those of the second belong to the drug.

These consist, in general, of that power which belongs to drugs to produce disturbances in the actions of the living forces so that these no longer move in that harmony which preserves the comfort and safety of the individual. It is this power so to act that constitutes any substance a drug. And it is with this power so to affect living organs, in special conditions of susceptibility, that we have to do in determining the dose in a given case of disease, and also the law which dominates the dose in all cases. That is to say, after having settled the first question, in all cases of prescribing—what is the remedy? this degree of special susceptibility in the organs, in the given case, is just that which decides the next question—how much of this remedy is required to restore the lost balance of the vital forces in that case—which constitutes the whole problem of cure. How can the degree of this special susceptibility to the action of the selected drug be ascertained before its administration? Simply by an extension of the same process of inquiry that resulted in the discovery of the true remedy. The result of that inquiry answered the question, *what is like?* That is, what is the drug, the action of which on the healthy living organism is most like the phenomena of this lost balance, the disease. An extension of the inquiry, *how much is it like?* when answered, determines the quantity of the drug required, this being in the inverse ratio of the similarity. And this we unhesitatingly declare to be the law of the dose as to *quantity* or *potence*.

If this be admitted, as it may be for the sake of examination, the questions which naturally follow are, what is the

definite meaning of degree of similarity in this connection, or of the question, *how much is it like?* and how can this degree of similarity be determined? and these questions ought to be answered. In order to a clear understanding of the proposition, we must go back of its announcement, and examine the meaning of its terms. *Like—Similarity.* What do we mean by these terms, when we refer to the remedy and the dose? Evidently that similarity which is the essence of the law of cure which we all recognize. And what is this? We have endeavored to point this out in a previous paper, very briefly. But, in order to a clear statement of the view we wish to present of the law of the dose, we shall be compelled to repeat a part of what was there stated, that we may show its connection with our present subject. In brief terms, then, the like which cures is the resemblance of the characteristic symptoms of the drug to those of the disease. By characteristic symptoms of the drug and the disease is meant those symptoms which belong to each as individuals, and impart to them their individual character, not at all those which belong to these in common with the other members of their class. In the examination of a case of disease with the object of discovering its curative, we shall find presented a class of symptoms which we have met often before, and to the group they compose we have, for convenience, given a name, and this name we use whenever we meet the group, and by this the group is understood to be represented. These are the generic symptoms. A careful examination will discover other symptoms which are not met in all the members of the class; they make no part of the defining group, and perhaps, indeed very likely, some of them have been found only in the case under examination. These are the specific, or characteristic symptoms. In a case of dysentery, for example, the frequent, painful discharges of blood or of bloody slime, with tenesmus and fever, are symptoms common to the members of the class we call by that name, while pains extending to the back, pain and tenesmus ceasing, for the time, with the discharge, the pain in the back, more particularly in the lower lumbar vertebræ, are symptoms which do not belong to the class but to individuals, and when met are characteristic of those individuals. So, in examining the pathogenesis of drugs, there are found symptoms which are common to many, and some to most drugs. These, of course, cannot be characteristic of any individual. How many drugs will cause pain in the head, loss of appetite, thirst, diarrhœa, vomiting, etc. These, with drugs, are the equivalents of the generic symptoms of the



disease. Of the many drugs which cause pain in the head, but one, so far as I know, causes a violent, throbbing pain, with sense of fullness and distention as if the head would burst, turgid redness of the face, and all aggravated intensely by the slightest motion. The loss of appetite is only in some cases accompanied by loathing, or by nausea, or it may disappear on tasting food, or it may be only in relation to particular kinds of food. The thirst may be for cold drink or warm; for large or small quantities at a time; for drink at long or short intervals; or it may be for only particular kinds of drink; or be limited to some particular hours of the day or night. The diarrhœa may be watery, slimy, feculent, or mixed; the discharges excited by various causes, and accompanied by very different phenomena, and occur most frequently at or be limited to, certain hours in the twenty-four. The vomitings may be of substances of very different character, accompanied by different phenomena; aggravated or relieved by different circumstances. These are the equivalents of the specific or characteristic symptoms of disease. These are the elements which characterize the action of different drugs, and so enable us to select that which is the most certain cure in a given case. It is the likeness of these specific symptoms of the drug to the specific symptoms of the disease which the law of cure demands, while resemblance in those symptoms which are common to the class is of very little worth as indicative of the specific remedy.

With this view of the law of cure, and this explaining of the term characteristic or specific (we use the terms interchangeably), we are prepared to answer, first, the question, *What is the like which cures?* The similarity of the characteristic symptoms of the drug to those of the disease, and not at all of those which are generic. And, second, what we mean by the question, *How much is it like?* How great is the *number* of the characteristic symptoms of the disease which find their counterpart in those of the drug selected as the curative, and how exact is the resemblance of those of the one to those of the other. By a comparison of the two classes, in these two particulars, we learn the degree of resemblance which is undoubtedly the exponent of the law of the dose, which we have declared to be, as to the quantity of the drug, or potence, inversely as the similarity of these two classes of characteristics. That is, the greater the number of the characteristic symptoms of the disease found represented by similars in those of the drug, the less quantity (higher potence) of that drug is required for the cure. The degree of the exactness of similarity of these symptoms, of course, enters into the

account in determining the question of compliance with the law of the dose as here declared.

The whole relationship of drugs, as curatives, to the diseases which afflict our race, exists in the one fact of susceptibility. If the drug be without power to affect the disturbed actions of the vital forces of the patient, it can have no power to cure. If in the patient there be wanting a susceptibility to its impressions, this relationship, as to this drug, does not exist. On what, then, does this susceptibility depend? On this very similarity of those elements of the disease, which declare its specific nature, to those which are distinctive of the drug. And the degree of susceptibility must, it seems self-evident, be in the direct ratio of the degree of this similarity. In perfect health a man may swallow one or more grains of Ipecac. without danger, or discomfort, possibly. But if the same man be suffering from violent dyspnoea with sense of constriction of the throat; tickling which extends from the bifurcation of the bronchi to their extremities, exciting violent spasmodic cough, cold dampness of the skin, cold sweat on the forehead, and restlessness which compels to violent tossing from place to place, and finds rest or relief in none; he will realize such effects from a much smaller dose as will be quite conclusive of a difference of susceptibility to the action of this drug, when he is, from other causes, experiencing sufferings so characteristic of its action. A quantity much smaller than might be swallowed with impunity in health, in these circumstances might be speedily fatal, certainly would leave in the patient slight disposition to repeat the experiment. The difference is merely one of susceptibility, and this is but the necessary result of the similarity we are discussing. In case of a patient presenting this group of symptoms, the merest tyro in prescribing could not hesitate as to the remedy. There is but one. And now, what shall be the dose? Let him apply the law we have declared, and he will have no reason for dissatisfaction. The resemblance of the group to the characteristics of the drug is great, and therefore by the law, if he prescribes best, he will give a small quantity, *i. e.*, a high potency rather than a low, and the result will justify the practice. Indeed, in such a case we have no doubt the cure would be prompt, even from the highest of those which have been employed, nor that the cure would be more speedy and complete from this than from a lower number.

But, instead of this group, suppose we find great dyspnoea with hot, dry, turgid skin; restless agitation and loud complaining; a sense of fullness and pressure in the chest, which seems to pre-

vent the air from entering the lungs; a tensive pain across the forehead just above the eyebrows; we have a group differing in its characteristics from the first supposed, though it would be called by the same name. In this Ipecac. would not be so dangerous in moderate quantities nor curative in any quantity. The whole group would be called asthma in both cases, and yet in their curative relationship they have nothing in common. This difference it is which constitutes our guide in the selection of our curatives; while the degree of resemblance of the characteristics as explained above decides as to the dose. But why would not Ipecac. be hurtful or curative in this group? Because of the absence of that similarity which is the essence of curative susceptibility to the action of drug agents upon the sick.

If it be objected to this exposition of the law of the dose, that the difficulty of its practical application is great, because of the required intimate knowledge of the materia medica, and therefore its truth is improbable, or its practical value of little worth, the difficulty is admitted, while the conclusion drawn from it is denied. We can see no good reason why this should not be met like other difficulties, to be overcome. The difficult application of a law can neither disprove its existence nor effect its repeal.

If we have been successful in so stating the principles of the law of the dose as to make them and their application understood, we believe it will be plain at once why it is that cases are occasionally met in which high potencies cure where low have failed, and the reverse. The explanation is found in the degree of susceptibility of the patient to the action of the drug, and this is in the direct ratio of the similarity of the characteristics of the drug and the disease. Where the susceptibility is great and the quantity of the drug relatively great, it is not difficult to see how its direct action, being so like to the action of the disease it is intended to relieve, may so, by this action, oppress the vital forces as to render them incapable of a curative response; or so intensify the diseased action, as to increase pain and danger, without any corresponding curative effort on the part of these oppressed forces; while, on the other hand, where the quantity (we use the word here as equivalent to potency) is adapted to the susceptibility of the patient, this evil and disappointment are avoided, and the best result secured.

In conclusion, we earnestly urge the attention of practitioners to that study of the materia medica which will make them familiar with the science in its characteristics. If this be diffi-



cult, this is no reason, it is submitted, why the difficulty should not be manfully met and overcome. We also urge the importance of the law which we have attempted to discuss as a means of extinguishing the party strifes which prevail too much on this subject of the dose, and which now are only a source of evil to our school of medicine. If the dose be a matter of law, let this be known, and strife on its account must cease. Put the matter to practical test and see if great similarity of characteristics does not prove great susceptibility to drug action, and great susceptibility is not best met and cured by high numbers or small quantities, as it should be by this law.

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### HOW TO FIND THE DRUG.

N. W. VANDENBURG, A. M., M. D., FORT EDWARD, N. Y.

In an article in the September number, by the editor, we are shown how this is done so well, that any attempt to add to it may seem superfluous.

In quoting Hahnemann the writer says: "Each medicine produces particular effects in the body of man, and no other medicinal substance can create any that are precisely similar."

We may characterize "these peculiar effects" perhaps as well by the term "*individuality*" of the drug as by any way, understanding by that term "the particular effects which no other medicinal substance can create *precisely similar*."

Did we wish to question the universality of this proposition, a doubt might remain in definitions. If by "medicine" and "medicinal substance," different expressions evidently intended for the same thing, Hahnemann meant different *drug-plants*, that is one thing; if different *chemical substances*, that is another. It is well known that many different plants contain the same chemical substances (compounds), and hence may produce the same results. But with Hahnemann's instinctive German liking for fine distinctions, it is fair to infer he meant different drug-plants.

Now it is true that to the last extreme of fineness there may be a lacking of "precisely similar" effects.

But it is also true in the "art of prescribing," that *Pulsatilla nuttalliana* (really now, *Anemone potens* L., ver. *nuttalliana*) has for a long time been used in this country in the place of *Pulsatilla nigra* of Europe, and not a few prescribe *Veratrum viride* for *V. album*. In both these cases the results are satisfactory.

As to the Puls., it is labeled Puls. nig., and no one is the wiser.

It may be argued that the chemical substance is the same in each of the related drugs.

But the main question we wish to look at is in what this "individuality" consists.

We are told that it consists in the "*striking, remarkable, uncommon, and peculiar*" signs and symptoms.

We are also told that by these are not meant—though they be very strongly marked in the action of the particular drug in question—the symptoms that occur in many [new] drugs in common.

In the further search for "the characteristic symptoms, \* \* which no other drug produces in a precisely similar manner," we are told "the mental symptoms are the most important," because "they are more indicative of the *individuality* of the patient than the physical symptoms."

Are we to understand, then, that we are to give *mental symptoms* the preponderance in deciding upon the remedy? So it would seem; but it is not so, as we shall see further on.

"It is the *totality of the peculiar and uncommon symptoms* of the patient that must be covered by the *characteristics of a drug*."

Thus far we have been too indefinitely definite. Once more we read, "A symptom may be *very peculiar* (or *uncommon*), as a *concomitant* to one disease and with another not at all so." Then it is not the *symptom* that is peculiar, but the *concomitance*.

Thus, for example, "profuse micturition" is not a peculiar or uncommon symptom; but "profuse micturition relieving headache" becomes a *peculiar concomitance*.

"So many common symptoms may be qualified or defined so as to make it a peculiar or characteristic one," BY ITS CONCOMITANCE.

This is what the above example, together with others given, seems to mean, if it mean anything.

The same thing is true in the example quoted of Dr. Guernsey. "He did not pick out one or two symptoms and give a drug for these only."

In the case quoted from Hahnemann, we have seven symptoms given, and Bryonia is prescribed "in a low potency, one dose, and the patient was able to work the next day," because, in the comparison with other drugs, it produces the remaining symptoms in a very similar manner" to the disease, which the other drugs do not do; hence Bryonia is to be preferred.

So, too, in the case following, it is the *concomitance* that deter-

mines. Hahnemann calls it the "totality of symptoms," and this phrase is always on his tongue. "Totality of symptoms" has with some come to mean *one striking and peculiar* symptom; with others it has come to be "a tripod" of three on which to base the prescription.

With others it is the "exclusion of the general and indefinite" on general principles.

One more quotation of a quotation from Hahnemann, and in it we wish to change the italics so as to logically agree with what has been said above:

"The general and indefinite, such as loss of appetite, headache, weakness, restless sleep, discomforts, etc., *if they are not more closely defined*, deserve little attention, for one finds something about as *indefinite* in almost every sickness, and caused by almost every drug."

How they may be *more closely defined* has already been shown.

"A symptom may be *very peculiar* as a *concomitant* to one disease and with another not at all so."

"Each drug has its particular symptoms, which, taken collectively, surely indicate that drug." Why? Because of their *concomitance*.

This is the great and important sentence in Dr. Lee's article, and not the one he emphasizes.

The bane of homœopathic prescribing has been the looking for "*peculiar and uncommon symptoms* exhibited by the patient" and then finding that drug whose "particular effects" are most similar, and leaving out the word *totality*, as I have done, in quoting Dr. Lee in this sentence.

*Concomitance* is the word, or *totality* if you prefer, not *peculiar or uncommon*, as emphasized by Dr. Lee.

In this looking for the *peculiar and uncommon*, the large bulk of homœopathic prescribers have forgotten the "weightier matters of the law." They have become blinded by the glamour of *peculiar and uncommon*; they examine the patient and scrutinize each symptom manifested to hit upon a *peculiar and uncommon* one, and finally they bring up at some trifle that is new or strange to them, and away they go to look for this symptom. If, now, one or two others can be twisted to coincide with the remedy exhibiting this *peculiar and uncommon* one, they seldom hesitate to prescribe that drug.

In how many cases is this true? How many brilliant cases do we not see reported on one or two *peculiar and uncommon symptoms*? And how many failures do we not hear of because based upon a tripod of whimsical, peculiar, and uncommon symptoms?



In the example quoted from Hahnemann, not one of the seven symptoms given are *peculiar or uncommon*. On the contrary, they are each common to several or more drugs. The *concomitance in one drug* is peculiar and uncommon, and that is the reason why Bryonia cured. Any other drug that could exhibit a like *concomitance* would have cured as well.

The sooner we return to the "*totality* of all the symptoms manifested by the patient," the more wonderful will be our success.

The words *peculiar and uncommon* will not guide us to this end if they are made the *pole-star* of our investigations.

If we are constantly on the lookout for *concomitance*, if this is the ever-present thought in patient-study and drug-study, then we shall arrive at "the whole art of prescribing, which consists in finding for each patient that drug whose (leave out the word "*particular*") effects are most similar to the *totality* (leave out "the peculiar and uncommon," they are misleading) of symptoms exhibited by the patient."

The *peculiar and uncommon* do not consist in the symptoms, but in the CONCOMITANCE.

Now, it is this very concomitance that is the hardest to arrive at from our present materia medica. Hahnemann's arrangement absolutely destroys this relation of concomitance. Instead of getting a clear picture of the drug-sickness as actually caused by that drug, the beginning is placed at the end, the middle is at the beginning or anywhere else, and the end comes first or middle or wherever chance falls.

With all stages thus confused, no wonder that concomitance has become a bore and totality a myth. Few can carry more than the merest outline of a drug until after years of study.

That prescriber is rare who has more drugs at his fingers' ends than he has fingers.

What shall we do to enter the kingdom of materia medica?

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### TYPHOID FEVER.\*

GEORGE H. CLARK, M. D., GERMANTOWN, PHILADELPHIA.

A few weeks ago a member of this Society asked: "What are the indicating symptoms in typhoid fever? Which are the symptoms that lead to the remedy?" This may be briefly answered by saying, that, as in all other affections, the peculiar characteristic and striking symptoms, particularly the mental, are the ones to be given most attention.

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\* Read before The Lippe Society.

The pathological changes in typhoid fever have received so much attention that one is obliged, in treating this affection, in order to fully appreciate the course of the attack, and to be able to judge more knowingly of its progress, to have constantly in view what is, ordinarily, to be anticipated—so far as one can anticipate the various and often unlooked-for changes in disease.

The temperature and pulse are of more moment than even the intestinal lesion, for it will be found that the conditions of these important factors keep equal pace with the lesions in the intestines and the other organs involved.

Hence, it is of primary importance to note and to keep a careful record of both pulse and temperature. It has been asserted by Wunderlich that, to have a genuine case of typhoid fever, there must be a temperature of  $103^{\circ}$  or  $104^{\circ}$ . Even though all the symptoms may simulate the condition usually called typhoid fever, without the high temperature it is not that malady, although the character of no disease is better understood than this, almost none having had more attention given to its pathological changes—and none having had more diverse therapeutics proposed—still, it will not be unprofitable to give some little time to its various manifestations, for then we shall be better able to judge which of the symptoms demand closest attention. It is impossible to assert positively that we have a case of typhoid fever until after three or four days of observation, and then only when we find the characteristic evening rise and morning fall of temperature.

Equally impossible is the power to state what may be the course of the attack.

By adhering rigidly to Hahnemann's law in the treatment, it is feasible to turn the whole trouble aside in less than one week, in some cases, while in others, a longer period passes before we see convalescence begin.

In a large number of cases we shall find nervous symptoms predominating. This should not be unexpected, for the high temperature indicates the nervous character of the disease.

Now in all nervous affections, we anticipate contradictory symptoms, and we shall not be disappointed here; for in the majority of instances, particularly in the early stages, the symptoms will oftentimes be very contradictory.

If we possessed the ability of determining beforehand that a low form of fever was approaching, we would be better able to appreciate just what our remedies are capable of doing. For, frequently, we do what we fail to credit ourselves with—that is, we turn aside, and cause to disappear, symptoms of disturbance that are unerring forerunners of various grave affections.

Preceding nervous or low fevers are symptoms which, if we recognize their import, will enable us to do much to modify the subsequent condition. Thus, if you see a persistent dry tongue and no thirst, expect typhoid or some other form of nervous fever. And so with a clean tongue, no appetite, and abnormal taste. The condition of the tongue is of much value in this disease. Knowing the nervous character of the disease, and the nerves which supply the tongue and their functions, and comparing the provings of our remedies, we can more fully appreciate the beauties, and the truly scientific nature of homœopathic treatment. And by giving attention to the origin of the various nerves which supply the affected organs, we become possessed of a knowledge of the sort of practical physiology with which we should all be familiar, and which is of more value than any theorizing.

Even slight observation will show many changes in the tongue during an attack of typhoid fever.

At times during the unconscious state, this is one of our chief guides in prescribing.

The nerves which supply the tongue are the lingual, the hypoglossal, and the glosso-pharyngeal.

The hypoglossal is the motor nerve; the lingual supplies the anterior extremity and middle portion both with general sensibility and the power of taste; and the principal office of the glosso-pharyngeal is to impart the sense of taste to the posterior third.

In typhoid fever motion of the tongue, feeling, and taste are more or less altered. We can thus see what an effect this fever has upon the medulla oblongata, for all of these nerves have their origin there.

Beside all this, the tongue is of peculiar importance in its relation to the alimentary canal and its accessory organs. In most cases it affords definite and valuable information as to their condition. For in typhoid fever there are marked lesions in the intestines and their related organs. Hence it requires no argument to see how very important is close attention to the condition of the tongue.

Mental symptoms, of course, should receive our watchfulness. The most trivial mind-symptoms will frequently enable us to find the remedy which fits the entire condition, and for which we may have vainly sought.

Now, given a continued high temperature, as is found here, what then are we to expect? A melting down of tissue, especially muscular fibre.

Physiology teaches that the "consequence of tissue-wasting



is that a large quantity of nitrogenized debris is thrown into the blood, and cast out by the kidneys." Knowing these facts, we must be on the watch for disturbances in other organs than those immediately involved. The waste of muscular fibre goes on not only in the voluntary but in the involuntary muscles. Hence we must expect at some period of the attack a weak heart. The more prolonged the high temperature, the more we shall notice this muscular weakness. Its absence is always of favorable omen. If we can see that much prostration is *not* present, notwithstanding many of the symptoms of the case appear grave, we can feel comfortable about the result.

The liver and spleen are usually involved in this affection, and they may be greatly enlarged.

The intestinal lesions may be approximately gauged by the amount of pain in the ileo-cæcal region and by the character of the stools, which latter must always be carefully inspected, either by a competent nurse, or the physician himself. If it be not the custom to use a note-book, it will be found indispensable here. A careful record of all symptoms, including pulse and temperature, are of much value in assisting one to appreciate what he is doing in the treatment. Although it is asserted by those who are really unfit to take the name of physician that the thermometer is of no value, it will readily be found by him who is eager to know the value of all the factors of disease—so far as they can be known—that this is an instrument that cannot be dispensed with, more particularly in typhoid fever. It, of course, does not lead us to a remedy; but it does show the gravity of the condition of the patient.

What is to be said in respect of "taking the case" applies not only to typhoid fever. The homœopathician adopts this method in all states in treating patients. In truth, he cannot treat any case successfully unless he does adhere to Hahnemann's mode of examination. Dr. Hering repeatedly said to those who were fortunate enough to be his students, when speaking of how to get a proper picture of the patient's state, "*Listen, observe, note (write), question.*"

Let us make an indelible mental note of those four words.

Then, with note-book and thermometer we may proceed to examine our patient.

Note all that is to be found regarding the state of the mind. Hallucinations, dreams, illusions, and every alteration in the senses and disposition.

All the various causes of aggravation and amelioration of each simple symptom. Rest, motion, position in bed; the side most

affected; and longings, and loathing of every material or mental nature. Time of appearance or disappearance of symptoms. In short, every symptom, both objective and subjective, must be noted and considered.

In the large majority of cases the guiding, most peculiar, striking, and characteristic symptoms will be found in the brain, for the brain is usually profoundly disturbed. From this fact, the older physicians gave the name of nervous fever to typhoid. Give heed to the condition of the heart, and do not permit the patient to use the least exertion for any purpose whatever, as death has followed even slight movement, through more work being thrown on the heart than it was capable of bearing.

Enlarged liver and spleen have been spoken of. The ileo-cæcal region must receive a large share of attention. But it is superfluous to point out here the reason therefor. If one who attempts to treat a case of typhoid fever without having before him the changes in the intestines and symptoms following thereon he had better resign the case to other hands.

After having carefully gone over the entire condition and noted all that is to be seen and heard with Hering's *Analytical Therapeutics* and Dr. Wells' *Treatise on Typhoid Fever*, published as an appendix to Vol. IV of THE HOMŒOPATHIC PHYSICIAN, you will not fail to cure any curable case.

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### A CRITICISM OF DR. HOLMES.

EDITORS HOMŒOPATHIC PHYSICIAN:—On page 602, this year, my friend Holmes relates a perfectly simple *Veratrum* case and cure; a case that a recent graduate would not fail to recognize at a glance. He further reflects upon experience when he states that he did not have his "library" with him, and he had loaned out his wheelbarrow. If Dr. Holmes had told us what he would have given or done had he found a case of sickness that presented symptoms entirely unknown to him, I would refrain from asking him to please come out again frankly and state just what he would have done. I believe that Dr. Holmes is honest, and therefore believe that he would have been sorry he had loaned his wheelbarrow, and sorry he had not brought his repertory. Dr. Holmes would have us believe that he thinks that doctors carry their repertory simply to make a show, simply to look for such simple cases as he reports. I do not know a member of the International Hahnemannian Association that would need a repertory for so simply a case as the *Veratrum* case. Perhaps Dr. Holmes offers this as a stumper—a case that

would puzzle the honorable members of the International Hahnemannian Association. If Dr. Holmes offers this case to show his own erudition, and the full extent of it, he has succeeded, but if he has offered it to show that the repertory is not a valuable life-saving plan, he has failed.

He intimates that his "rule of practice" is to give a medicine high, but if his "rule of practice" is based upon the same reasoning as his rule of leaving his library at home (because a low potency would be so heavy to carry in a hurry), we presume his potency, therefore, was very high.

He gives six powders, but does not say how much better six doses would be than one; therefore we infer that six powders, one every half-hour, must be also a "rule of practice."

He says: "I consider this a desperate case, as several such had died under old-school treatment."

"As several such had died under old-school treatment" was his reason for thinking it a desperate case, and the only reason for thinking it a desperate case, we have no evidence that the prescription cured. He may have simply lived because he did not get old-school treatment.

"In cases calling for immediate action, it seems to me a risky piece of work to either take out a library at the bedside or to go back to one's office to study it up."

We therefore infer Dr. Holmes thinks it not risky to stay at the bedside of a violent sickness, even if one knows not the remedy for this sickness. What will Dr. Holmes do in the absence of knowing what to do that is right? Will he look on and let the patient die? Will he guess at one or several remedies? Will he break the law and give allopathic drugs? or what will he do? Does Dr. Holmes mean to have us infer that he, a young man, has so much wisdom and materia medica in his head that he is never puzzled? He attempted to convince us of that at Niagara, but made a signal failure.

"I have not, as a rule, been able to find just what I wanted when I was in a hurry." He means that he is not accustomed to the repertory so that he can find what he wants in a hurry. This is a criminal confession for a professed follower of Hahnemann. The confession means negligence or laziness when human life is at stake.

"Let those use their books who want or need them." By this Dr. Holmes says, in substance, that he does not want books and does not need them. This is an astonishing statement. I would like to study materia medica under Dr. Holmes.

J. T. KENT.



## PROCEEDINGS OF THE SYRACUSE HAHNEMANNIAN CLUB.

At a regular meeting of Syracuse Hahnemannian Club, held July 13th, were present Drs. Brewster, Hawley, A. B. Kinne, Schumacher, True, Sheldon, Robinson, and Hooker.

On motion a committee of three was appointed by the Chair, consisting of Drs. Hawley, Robinson, and Sheldon, to draw up resolutions on the death of Mrs. Stephen Seward. (The committee reported the resolutions, which were published in the September number *HOMOEOPATHIC PHYSICIAN*. The resolutions were accepted and the committee discharged.)

Paragraphs 49 to 52, inclusive, of the *Organon* were read and discussed, after which Dr. Brewster gave a talk on Carbo-veg. and cited several cases.

CASE I.—Typhoid fever which had been running for two weeks, at the end of which time the patient was taken with violent hemorrhage from the bowels; laid down in the bed like a dead person; cold, almost pulseless; rational; legs as far as the knees white and cold as marble and powerless. Carbo-veg. cured.

CASE II.—A lady, æt. forty, had painless aphonia; had not talked for four weeks. Gave Carbo-veg. and “she has talked ever since!”

CASE III.—Metastasis of mumps to testicles. Carbo-veg. cured.

CASE IV.—A woman had mumps, suppressed. Sickness at stomach; heaviness of stomach; hoarseness, almost aphonia. Carbo-veg. cured.

Dr. Candee—The flatulency of Carbo-veg. is in the stomach.

Dr. Hawley—Carbo-veg. has always disappointed me in collapse.

Dr. True—A man, æt. eighty, had pneumonia and had been in a comatose condition for twelve hours. Carbo-veg. high, cured.

Dr. Sheldon—Gangrene of foot; tendons exposed. A poultice of charcoal and brewer's yeast, with Carbo-veg. internally, cured. An old lady, æt. seventy-three, had an obstinate eczema with burning pain. Ars., Rhus, and Sulph. did no good. She now complained of a burning pain in the stomach, without thirst. Carbo-veg. cured.

Dr. Hawley—Carbo-veg. has acidity of stomach, with great burning.

Dr. Schumacher spoke of a case of typhoid where Carbo-veg.<sup>12x</sup> relieved the tympanitis.

Dr. Brewster—Carbo-veg. has epistaxis from every effort, as straining at stool; abdomen distended, almost to bursting; incarcerated flatulence.

Dr. Hawley—I think the distention greater under Carbo-veg. than under Lycopodium.

Adjourned.

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At the regular meeting, held July 27th, were present Drs. Seward, Hawley, True, A. B. Kinne, Schumacher, Sheldon, Robinson, and Hooker.

Paragraph 61 of the *Organon* was read.

Dr. Hawley—That paragraph disposes of the doctrine of palliation.

Dr. Robinson—Does not a high potency act longer than a low potency?

Dr. Seward—I think we get the best cures from the high.

Dr. Hawley—It seems to me that modern physicians of our school do not observe this paragraph, or they would not give cathartics in constipation. If all who believe in Homœopathy appreciated this paragraph they would be better homœopathists.

Dr. Candee—Do old-school physicians cure disease?

Dr. Hawley—It is by Homœopathy, if they do. Patients often get well in spite of treatment and the physician gets the credit of curing them.

Dr. Candee—Is the law of Homœopathy universal?

Dr. Hawley—If drugs are curative they are curative according to law. The allopaths claim to be guided by "experience." We claim to have a law, and thirty years of practice make me know that we have the law. The average allopathic death-rate in all acute diseases is twelve out of every hundred; homœopathic death-rate, four out of every hundred.

Dr. Candee then gave the following indications for Ignatia: Functional disturbances of the nervous system; the key-notes to its selection being found in the mental sphere. There is depression; variable mood; disposition to silent brooding; fullness of head, relieved by stooping. Cough, with sensation as if the larynx would close. Empty, weak feeling at stomach; flat taste. Paradoxical symptoms in fever.

Dr. Hawley—Dr. Candee's remark about the allopaths regarding Ignatia and Nux as identical shows how wise they are in therapeutics. They never learn anything because they never give their drugs to any but the sick. Have used Ignatia in

nervous dyspepsia, with a "gone feeling" at stomach relieved for the time by eating, but soon returning. The Ignatia patient is not so easily angered as the Nux patient. Have verified the cough symptoms many times.

Dr. Seward—Cured a case of prolapsus ani where there was prolapse with every stool, with Ignatia.

Dr. Kinne—Case of intermittent fever. During chill, thirst; wanted to be uncovered; during heat no thirst, wanted to be covered. Ignatia cured.

Dr. True—One marked indication for Ignatia is great mental depression after losing some one who was very dear.

Adjourned to August 3d.

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At the meeting, held August 3d, were present Drs. Seward, Hawley, True, Leggett, Robinson, Schumacher, and Hooker.

Paragraphs 62 to 66, inclusive, of the *Organon* were read.

Dr. True—An allopath once said to me, "You always give drugs until you get drug effect, do you not?"

Dr. Hooker—When I give Opium<sup>30</sup> in constipation, the relaxation does not take place until the reaction sets in.

Dr. Hawley—People should learn that every drug affects the vitality and *is not* harmless, as is supposed.

Dr. True—When you get a proving do you let it alone?

Dr. Leggett—An aggr. often means a bad prescription. When you get an aggr. from a remedy, without any amel., antidote it.

Dr. Hawley then gave the following indications for Colocynthis: Tearing, cutting pains; relief of colic from pressure; left-sided pains in general; left-sided prosopalgia; left-sided sciatica; stools watery, greenish-yellow, or yellow.

Colocynthis is a long acting remedy.

Dr. Leggett—Relief from heat and hard pressure. Pains indicate inflammation of nerve-sheaths.

Dr. Seward—Feeling as if squeezed between two stones; vehement person, who won't answer questions. Cures colic from cold.

Dr. Hooker—Relief of colic after stool.

Dr. True—A woman had profuse menstruation suddenly suppressed, pulse 120, temperature 105°, fearful pains, Coloc.<sup>260</sup>, was given, and she soon began to flow freely.

Dr. Seward—I think we seldom *know* that our remedies have cured.

Adjourned to August 10th.

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At the regular meeting, held August 10th, were present Drs. Seward, Hawley, Schumacher, Leggett, True, and Hooker.



Paragraphs 67 and 68 of the *Organon* were read.

Dr. Hawley—It is not the remnant of the drug disease that is left. The remedy removes the disease, but the vitality having been depressed, requires time to regain its former vigor.

Dr. Leggett—There is sometimes a drug force left.

Dr. Hooker then gave the following indications for Phosphorus: Hoarseness, worse mornings; cough, hard, dry, shaking whole body, loose, without expectoration, with soreness of chest and pain in head. Aggr. laughing, talking, eating, cold air, at night. Sense of weight on the chest. Rumbling in abdomen; chronic, painless diarrhœa, worse mornings. Constipation, stools dry and slender, like a dog's. Urine profuse, watery, pale; or scanty, hot, high-colored, in jaundice.

CASE—M. D., æt. seventy-five, blue eyes, spare habit, stoop-shouldered. Was attacked seven years ago with diarrhœa, which became chronic; worse mornings, driving out of bed. Stools profuse, running away from her, painless. Sulph.<sup>30</sup> controlled the disease for about three weeks, when it recurred and was afterward partially controlled by Sulph.<sup>200</sup>, Thuja<sup>30</sup>, Cinch.<sup>30</sup>, Phos.<sup>200</sup>, in repeated doses, during the next three years. Last January, I sent her one powder of Phos.<sup>200</sup> and Sac. lac. The effect was almost magical, and she is now almost well and can eat things which would have harmed her before she took the Phos., without feeling the worse for it. She has had two or three doses since January.

CASE—Little girl, æt. seven years, brown eyes, light-brown hair. Troubled with worms, grinding teeth at night, and chewing the tongue, restlessness and moaning. Took a severe cold one week before I saw her, and now had a dry, spasmodic cough, which seemed hard enough to shake her to pieces. Cina<sup>30</sup>, four doses. Worm symptoms disappeared and the cough became loose and rattling, but *without* expectoration. Left tonsil swollen and extending half-way across the fauces, and there was a large ulcerated patch thereon, larger than the end of a lead pencil. No pain, irritation, or soreness was felt in the throat. Phos.<sup>30</sup>, one dose was given, about six P. M., and in one hour a high fever came up, which lasted until morning, *but the cough was much better*. At one P. M., next day, she received another dose of Phos.<sup>30</sup>, which, as before, was followed by fever, which lasted until the next morning. She received no more medicine, but the next day the fever began at one P. M., and lasted until eight P. M., when it left, and she recovered rapidly.

Dr. Seward—A married woman came to me to be treated for leucorrhœa. Phos.<sup>6</sup> cured, and she soon became pregnant.

Dr. Hawley—Have cured consumption with the 80 M (F.).

Dr. Leggett—Characteristic of Phos. are weakness, trembling, and irritability.

Adjourned to August 17th.

FREDERICK HOOKER, *Secretary*.

## THE "HOMŒOPATHIC" MEDICAL SOCIETY OF PENNSYLVANIA.

The last meeting of this Society was held in this city; a few homœopathic papers were read. The greater number of the papers were out-and-out eclectic and of a poor quality. We quote a few samples; our readers will remember that these physicians are mostly *professors* and to them is intrusted the teaching of future "homœopathic" physicians.

G. Maxwell Christine, M. D., read a paper on "The Leech and Cup as Aids in the Treatment of Disease." Dr. Christine argued against the rejection of the practice of blood-letting as a blind and prejudiced action.

The first paper on surgical topics presented was a valuable one on carbuncle by Dr. W. B. Van Lennep, of Philadelphia, entitled, "The Antiseptic Treatment of Carbuncle, Furuncle, and Kindred Affections." He invariably uses the remedies Arsenic, Carbo vegetabilis, Rhus toxicodendron, Hepar sulphur, and Carbolic acid injections, and Iodoform dressings locally.

Dr. Willard corresponded with Dr. Van Lennep in the latter's treatment of carbuncle with Carbolic acid, by dipping a bodkin in Carbolic acid, with which he punctured the wound. Dr. Thomas, who spoke next, advocated the same method of treatment, and gave several instances of its success in patients of his own. In cases not so far advanced he recommended treatment with caustic Potash. In all carbuncles the parts should not only be thoroughly cleansed, but antiseptically treated.

John E. James, M. D., Professor of Surgery in the Hahnemann College, succeeded Dr. Thomas. He cited cases in which, in a disease similar to carbuncle, a hypodermic injection of Carbolic acid had been made under the diseased surface, with the result of drying up the decayed matter. For the relief of the prostration that accompanies suppurating diseases, from one-half to two or three spoonfuls of the tincture of Peruvian bark.

The discussion was brought to a close by Dr. Joseph E. Jones,

of West Chester, who said that in the next case of bone felon that comes under his notice he will use the hypodermic syringe with a solution of Carbolic acid, as superior in all respects to any other method.

Dr. Mohr read a paper giving the history of an interesting and remarkable case of malignant growth of cancer cured by accident. The patient, a woman, was being treated with Arsenic. Erysipelas broke out and cured the cancer. This accidental cure, Dr. Mohr declared, has possibly opened up a way by which cancer can be cured with the virus of erysipelas. The paper created much talk, and Dr. Mohr was asked a great many questions regarding his patient, who is now in better flesh than she has been for six years.

Dr. Mohr's report illustrates the haste physicians make to form *theories*; presuming upon this case, Dr. Mohr thinks the virus of erysipelas may prove a specific for cancer!

Such proceedings as those of this Society bear ample fruit in educating young men in empiricism and in bringing contempt upon Homœopathy. At the last meeting of the "New York Academy of Medicine," a Dr. McIntire read a suggestive paper, in which he declared that the allopaths and the homœopaths practiced alike; that they differed *only in name*. His paper was entitled, "Which is the Liberal School?" and was suggested by some correspondence with a graduate of a Hahnemann college, who asserted that whenever it was *necessary* the graduates of these schools went beyond the theory of therapeutics indicated by their name and, consequently, those who refused to consult with them were illiberal. He quoted from the address of Dr. Pitcairn before the last annual meeting of the Homœopathic Medical Society of Pennsylvania to substantiate the statement of his correspondent that Homœopathy did not mean exclusively practicing by the law of similars. If so, then there is no essential difference in the method of treatment of either "school," and that body of physicians who make a class of themselves by calling themselves by any exclusive name become thereby the illiberal school. If they drop this name, they will find no barrier in their method of treating disease from the most cordial intercourse with any or all physicians.

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HOW TO HELP US: Those of our subscribers who are in arrears with their subscriptions, could aid us very much by prompt remittance. Do as you would be done by!



## A PROPOSED NEW HOMŒOPATHIC HOSPITAL.

A meeting of homœopathic physicians was held at the office of Dr. J. A. Biegler, on South Clinton Street, Rochester, on Tuesday evening, at which Dr. Biegler presided, and Dr. Baker acted as Secretary. The result of the meeting was the adoption of the following sentiments :

WHEREAS, We, the members of the Rochester Hahnemannian Society, feeling the urgent need of a hospital where the principles of pure Homœopathy may be put in practice, and realizing that a proper time has come for the establishment of such an institution, therefore be it

*Resolved*, That this Society hereby assumes the responsibility of inaugurating such steps as will insure the speedy building and completion of a homœopathic hospital in Rochester, and to further such an undertaking the following Committee is hereby appointed to arrange a Board of Trustees for said hospital, and to transact such other business as may be necessary : J. A. Biegler, Chairman, Julius Schmitt, M. D., Allen B. Carr, M. D., R. C. Grant, M. D.

WHEREAS, We, the members of the Rochester Hahnemannian Society, who are in membership with the Monroe County Homœopathic Medical Society, fully believing in the rules of practice as given in the *Organon* of Samuel Hahnemann, the master, that the fundamental principles as therein given, viz., the law of similars, the totality of the symptoms, the single remedy, and the dynamic power of the drug, should be the sole foundation upon which we act in practice. And that further, that as legitimate Hahnemannian homœopathsists we dissolve all the innovations which have been foisted upon Homœopathy by its false practitioners, and therefore we repudiate the mixing and alternating of medicines, and disapprove of all local and mechanical applications in non-surgical diseases, and

WHEREAS, The present active membership of the Monroe County Homœopathic Medical Society has heretofore maintained and does still continue a method of practice incompatible with the above principles, and has taken a further departure in assuming a hostile attitude toward the teachings of the founder of Homœopathy and his true followers, and compromising their professional principles by endeavoring to reconcile their practice with the teachings of the dominant school ; now, therefore, be it

*Resolved*, That we deem it a duty we owe to the public and

to ourselves to withdraw from the Monroe County Homœopathic Society, and we hereby tender our resignations.

J. A. BIEGLER, M. D.,  
R. A. ADAMS, M. D.,  
JULIUS SCHMITT, M. D.,  
ALLEN B. CARR, M. D.,  
VOLNEY A. HOARD, M. D.,  
R. C. GRANT, M. D.,  
W. G. BROWNELL, M. D.

Dr. Baker, the Secretary of the meeting, said: "The members of the Monroe County Society, whose names appear, have been thinking for some time of taking this step. They claim, as stated in the resolutions, that to alternate medicine or in any way deviate from the *Organon* of Hahnemann is wrong, and that no physician who does this can be a true homœopathist. The idea of building a hospital has perhaps hastened the action, as the members of our Society do not wish any one interested in it who does not follow the true homœopathic principles."

Dr. C. R. Sumner, on being interviewed, said: "I do not think the members of the Monroe County Homœopathic Society will be surprised at these resignations. The matter has been cooking for some time. The Hahnemannian Society was founded by several of this faction."

"Are their claims, as to following the true principles of Hahnemann, true in your opinion?" he was asked.

"Personally speaking, I feel that I am as good a follower of Hahnemann as they are. This faction is what we term 'high dilutionists.' They differ in the definition of Homœopathy from me. I hold that where a patient is ill beyond recovery that I have a right to use medicines which will relieve him and ease him from pain; so do many others of our school. That is one of the essential points of difference between us."

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### CASES FROM PRACTICE.

CASE I.—During my residence in Cheltenham, England, I was called to attend two sisters, both suffering from measles. Up to the fifth day, the cases seemed of the ordinary character, but on the sixth, seventh, and eighth days, the patients becoming steadily worse, I was asked to re-visit them, when I found the following state present:

High fever, rapid pulse, great thirst, *with desire for wine or*

*beer* ; restlessness, complete sleeplessness caused by a feeling of intense *giddiness*, directly the patients attempted to *close their eyes* ; frequent convulsive cough, during which their heads were spasmodically jerked forward, the knees at the same time being jerked up toward the abdomen.

Their whole state gave me great anxiety, as I have seldom seen patients, after measles, so ill. Theridion<sup>200</sup> (Leip.) three globules in twelve teaspoonfuls of water, one teaspoonful every two hours, produced, within twenty-four hours, tranquillity, sleep, perspiration ; on the second day of the administration of the medicine, the interval between the doses was lengthened. Both patients made a rapid recovery. These cases were watched and nursed by a highly intelligent lady, who informed me that her doubts as to the efficacy of homœopathic medicines were at an end. The cough mentioned above is peculiar ; it disappeared under the influence of Theridion. The patients were total abstainers, but craved for the stimulants mentioned above, during the attack.

#### CASE II.—DID HOMŒOPATHY FAIL ?

G. A., aged fifty-two, called to wish me good-bye previous to her return to London. In the course of conversation, I learned from her that for a period of nine months, she had been suffering with neuralgia, of an intermittent character, and recurring daily. She stated that nearly the whole of this time she had been under the care of a homœopathic physician in London, who had informed her that in her case he had tried every known homœopathic remedy for neuralgia, including large doses of Quinine, but as they had all failed to help her, he advised change of air to Cheltenham. The air of Cheltenham did her no good, so that she had been obliged to admit to her friends that Homœopathy, in which she was a professed believer, had failed. I begged her to allow me to give her one prescription, and, obtaining her consent, noted down the following symptoms :

Aching in the right forehead, extending to the right eye, and forcing it to close ; pain in the occiput of a sudden, shooting character. The pain commences between nine and ten every morning, and lasts for about three hours, when it gradually disappears.

On page 348 of Jahr's *New Manual*, beginning line 17, I found my patient's symptoms almost verbatim (excepting the forenoon aggravation) under Calc. carb., and as the paroxysm was passing off, I placed upon her tongue a few globules of this remedy in a high potency (Fincke 107M) and gave placebo for



fourteen days. At the end of that time, she wrote to me as follows : " I can never be sufficiently grateful to you for what you have done for me. On the day after I saw you I had a slight attack, since then I have been quite free from all pain." Three months later she reported herself well.

### CASE III.—ZINC IN HYSTERICAL RETENTION OF URINE.

E. G., aged thirty-five, was placed under my care, suffering from retention of urine. The patient was an hysterical woman, and complained of an immense number of aches and pains of an ever-changing character. For a period of nine years the urine had been drawn off by the catheter every morning ; the bowels were obstinately constipated. For some time I tried in vain to obtain the characteristics of her case—her pains moved rapidly from one part to another, and she always felt better in wet weather.

After nine months' unsuccessful treatment, she told me that on looking up she felt giddy and saw showers of gold descending, but hoped I would not laugh at her, as every medical man had done to whom she had mentioned the symptom. On page 704, Lippe's *Materia Medica*, line 21, under Zinc, I found the following : " When lifting up the eyes he sees luminous flakes." I decided to give her a long course of this remedy, prescribing three globules of Zincum<sup>200</sup> (Jenichen), in nine teaspoonfuls of water, one teaspoonful three times a day. At the end of the third month of this treatment the bladder acted spontaneously, the constipation disappeared, and the general health of the patient was wonderfully restored. She remained under my supervision for several years—the use of the catheter was never again required.

### CASE IV.—A BERBERIS CASE.

G. A., aged fifty-two, consulted me for what he called rheumatic pains in the legs. He told me that he was an old homœopath, and he was disappointed to find that the remedies he had taken had had no beneficial influence over his disease. He felt that he was losing his walking power, being unable to proceed further than about a hundred yards at a time. After he had walked a short distance he was compelled to stop from a feeling of *intense weariness, heaviness, lameness and stiffness of the legs, which felt sore, as if bruised.*

He expressed great anxiety about his condition, as he had great responsibilities and feared he should be compelled to give up his profession. On page 278, Jahr's *New Manual*, under

Berberis, I found an exact description of my patient's case (lines 1, 2, 3, lower extremities). I gave the patient one dose of Berberis<sup>70m</sup> (Fincke). Improvement set in on the fourth day, and in a fortnight he was well. For the last twelve months this gentleman's walking power has been completely restored. Soon after I commenced the practice of Homœopathy a gentleman consulted me with precisely the same symptoms as were present in the above case. I prescribed many remedies, but did not give the right one. I failed to cure, a misfortune which I am persuaded would never have occurred had a suitable dose of Berberis been administered.

B. SIMMONS, M. D.

### LOCOMOTOR ATAXY.—A CLINICAL CASE.

CLARENCE WILLARD BUTLER, M. D., MONTCLAIR, N. J.

Mr. A. C. B——, the patient, is fifty-seven years of age, dark complexion, medium height, and of rather full habit, but without excessive adipose. He retired from an active and successful business life fourteen or fifteen years ago. For the last few years he has had a good deal of care and anxiety over financial matters, from all of which he has recently been entirely relieved, however. His father suffered from gout; but aside from this the meagre family history which he is enabled to furnish is exceptionally good. Two of his sons have developed epileptiform convulsions, reflex from peripheral irritation. (Hæmorrhoids in one, jealousy and probably masturbation in another.) Both are well now, however; cured by the homœopathic remedy.

Mr. B—— has always been a very healthy man. His habits are and have always been correct. Has never had venereal disease; is abstemious as to the use of alcoholics, and moderate in the use of tobacco (smoking).

In 1868 a railway car in which he sat was precipitated, with a faulty bridge, into a ravine, and he suffered some severe cuts about the head and face, and was much bruised, but broke no bones, and was not conscious of any spinal injury, nor do I think he suffered any.

He has had no severe illnesses. Twice during the last two years I have treated him through attacks of gout, but neither was severe, and both yielded promptly to medication. For the last four years he has been troubled with frequent calls to urinate. This condition is worse at night, is wholly painless, and exami-

nations of his urine have given no signs of kidney disease. Medication has relieved, but not cured him. The beginning of his present trouble he refers to September of 1887. At that time, on attempting to rise one morning, he found himself very dizzy; he succeeded in dressing, however, and ate a good breakfast. Shortly after eating it he vomited suddenly, without nausea and without effort. His vertigo pursued him throughout the day, but under *Conium* it disappeared. Once or twice afterward, within the next two months, he had similar attacks, but less severe. About this time he noticed that he became tired very easily while taking his usual exercise (walking), and in his frequent visits to the bath-room at night he was uncertain in his movements in the darkness, and was obliged to make a light in order to go safely. In spite of these symptoms, however, he did not consult a physician until the middle of December. When called to see him at that time, the evidences of spinal disease were pronounced, and in spite of my best care he grew very rapidly worse until February 5th, 1888, when the following grave conditions presented themselves:

Inability to walk from loss of co-ordinating power over his legs; the ataxic gait, which was plainly noticeable in December, having increased to this extent. The patellar and ankle tendon reflexes are entirely lost. On attempting to stand with his eyes closed he sways, and falls at once unless supported. When his legs are placed in different positions he is unable to tell where they are unless he can see them, and any endeavor to place either leg in a required position is awkwardly and imperfectly made, and is usually unsuccessful, while all involuntary movements of the legs present the exaggerated impulse and imperfect control characteristic of his malady. My notes of the case mention areas of cutaneous anaesthesia, but, unfortunately, do not locate them. The upper extremities are unaffected. At no time has he suffered from any visual complication, and to me an interesting and unusual feature of the case is the entire absence of peræsthesiac manifestations referable to the soles of the feet, sensation in these having been normal throughout. No soreness or tenderness of any portion of the spine. Inquiry respecting his sexual appetite shows that he has had but little passion for a number of years, and has considered himself "out by age."

He presents a perfect history of the "lightning-like pains" which have pursued him from time to time irregularly for two or three years. He has supposed them to be rheumatic in their character, and dosed himself domestically for them. His pulse is one hundred, regular, full, and quick. Temperature normal.



His bowels are obstinately constipated, though the stool when evacuated does not present any unnatural appearance. The urinary trouble which I have already mentioned, frequency of micturition, has largely, but not entirely, disappeared. Those symptoms which trouble him most are great weakness and debility, and this weakness is especially severe in the legs, particularly in the calves of the legs, where it is associated with a sensation of *stiffness* and soreness. The sensations in the calves of the legs are the most frequently complained of, and seem the most annoying to the patient of all his discomforts. He is much annoyed by a sensation as of a belt tightly drawn around the abdomen just above umbilicus; the same sensation is felt at times about the chest below the nipple line. This latter is not constant, however, and never severe, while the former is always present and often painfully severe.

Insomnia. On retiring at nine or half-past nine P. M. he goes to sleep and sleeps until half-past eleven or twelve o'clock, when he awakens usually with a heavy, dull, hard pain low in the abdomen. This continues until toward daylight, when it gradually wears away. It is accompanied with much flatulence, with noisy eructations and dejections of tasteless and odorless gas, the escape of which affords temporary relief to his pains. These pains do not appear in the day-time. During the day he is sleepy, and succeeds in getting some rest (sleep), but the whole amount of his sleep will not average more than five hours out of the twenty-four. He presents, in addition to these especially troublesome symptoms, many others. Mentally he evidences no loss of strength. He is taciturn, almost apathetic, and at the same time, in spite of himself, his thoughts run upon committing suicide as "the easiest way out" of his troubles. His appetite is lost and he has no taste; is not especially thirsty. His tongue is red, *dry*, and divided by numerous little cracks into small, irregular squares. He has little or no headache, but suffers at times with a sense of confusion. During sleep his face is puffed and red, and his breathing deep and noisy. All his symptoms are worse at night.

Many sensations of formication, numbness, etc., are experienced in his legs, principally in the calves and thighs. During the past six weeks he has taken at various times Anac., Sulph., Gelsem., and Hyos., all without benefit, though they were seemingly indicated. On this day, satisfied that Anac., his last medication, was doing him no good, I made my examination for a new prescription, and elicited the symptoms already enumerated. The mental condition, the noisy evacuations of gas with relief of

his symptoms therefrom, the extreme weakness, and *sensation* of great debility, called my attention to Argent. nit. A further study of this drug reveals the following similar symptoms :

Taciturnity ; apathy ; suicidal tendency.

Staggering gait in the dark.

Dull hearing, with ringing in the ears.

Great debility of the legs.

Dry tongue.

Anorexia—taste lost.

*Noisy ejections of tasteless and odorless gases*, with relief of his symptoms therefrom.

Frequent urination

Sensation of constriction of chest and abdomen, as if tightly bound.

Impotence (?).

Stiffness (rigidity) of calves.

*Great weakness and debility of calves.*

Great general weakness and debility.

Sleeplessness ; drowsy during the day.

Many dreams, with restless sleep.

Sensation of heaviness in the abdomen.

Many symptoms of weakness of the legs.

Regarding Argent. nit. as the most similar remedy from this study of it in relation to the case, I gave one dose of it in a high potency (CM.—II. S. Johnstone) dry on my patient's tongue and Sac. lac. *ad lib.*

February 6th.—No change.

February 7th.—Possibly a little more sleep and less abdominal pain ; otherwise no change

February 8th.—Undoubted improvement in respect of all his sufferings. He slept until half-past-one A. M., again about two hours, and his abdominal pains were less. Has slept nearly all the morning. Bowels moved without aid. He feels encouraged ; is sure the medicine is helping him. A detail of the quotidian history of this case for the next three months would be tedious and profitless. From the 8th day of February, his improvement was steady and uninterrupted until March 16th. On that date he presented the following condition :

Mentally cheerful and hopeful. Suicidal thoughts all gone. He walks all over the house, going down-stairs twice daily to his meals. The gait is much better though still presenting the peculiar ataxic character in some degree. Tendon reflexes unchanged. His sense of debility has largely disappeared. He tires easily, but sleeps well, all the nightly pains having disap-

peared. The sensation of constriction about the abdomen is still present but less troublesome. The old symptom of frequent urination has returned and is very annoying; also he has had some of the rheumatic pains—the “fulgurant pains”—in his legs on one or two occasions. It is noticeable that the sleeplessness, the severe abdominal pains, and the noisy evacuation of gas, which were among the last symptoms to appear before the February prescription, were those which disappeared first and most completely after that prescription.

Improvement not having ceased, and especially as most gratifying indications of the favorable action of the remedy were present, viz., the disappearance of symptoms in inverse order of their appearance, and the return of symptoms which had once been present in the case and which had disappeared as the patient grew worse, I did not change the remedy nor did I repeat the dose. On the 7th day of April, a careful examination of my patient's symptoms in detail showed that improvement had ceased and certain of his symptoms had grown worse, notably the sense of constriction about the abdomen. I deemed it therefore wise to repeat the remedy, no other being indicated, and I gave it in the same potency in water, a spoonful hourly until twelve doses were taken and then stopped. Improvement manifested itself again within twenty-four hours of this time and continued uninterruptedly until May 12th, when an examination revealed the fact that Mr. B—— could now stand and walk with his eyes closed; that the patellar reflexes had returned (ankle not examined); that no sensations of pain, no symptoms of his former disease were left except some muscular weakness. He considered himself well, and I discharged him from my further care.

This case I have presented because I regard it as interesting and instructive for several reasons.

Etiologically because it adds another to the not too many instances where the gouty diathesis may be considered as a factor. Again, the appearance of the neuropathic tendency, not otherwise traceable in the family history, in the patient's children. Semeiologically, I have already spoken of the absence of perverted sensibility of the soles of the feet. My experience with the disease is not large, but I have never met with another case where normal sensation was retained in this locality.

The rapid course of the disease was also worthy of comment. In six weeks, from a condition of difficulty of locomotion but still of ability to walk unaided about the house and upon the sidewalk for distances of an eighth or a quarter of a mile, so



markedly had the disease progressed that he was scarcely able to stand even while watching himself closely, and was wholly unable to take a step without the aid of an attendant.

And lastly, because it presents a case of serious and usually incurable disease promptly, rapidly, and favorably affected by the homœopathic remedy.

It may be urged that sufficient time has not yet elapsed to make his permanent recovery a certainty. I can only say that within three weeks I met him on the street more than a mile from his residence, walking briskly with no trace of his former ataxic awkwardness, and received his assurance that he felt perfectly well. The disappearance of the more marked diagnostic signs of the disease has been already mentioned. Whether well or not, there can be no doubt that the Argent. was the cause of his improved condition, because :

1. His improvement commenced shortly after its administration, and, when improvement subsequently ceased, it was renewed at once by the repetition of this drug.

2. Because the symptoms disappeared in inverse order of their appearance.

3. Because of the reappearance, as improvement was established, of symptoms which had once been present, which had disappeared during the graver aspects of the case. The last two methods of proof of favorable drug-action have been confirmed by many physicians since Hahnemann first called attention to them, are most convincing to the observing homœopath, and will need no elaboration in a gathering of homœopathic physicians.

—*Clinical Bureau American Institute*, 1888.

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## CARCINOMA.

JOHN V. ALLEN, M. D., PHILADELPHIA.

As it is my fortune to have at this time a case of carcinoma of the throat which seems to tally in its details with those of the Emperor of Germany, I thought it well to bring before the Society's notice the treatment (homœopathic) which my patient receives, and the progress toward a cure which the same is developing. The condition of the Emperor is bulletined daily throughout the world, as is also the heroic treatment which he receives from the greatest specialists of Europe, while the condition of my patient is known only by his townsmen, and has only a Hahnemannian, and not a particular specialist, to handle his case.

But the improvement is noticeable and continual under the latter's treatment, while we hourly look for the demise of the former under the so-called scientific.

I do not intend to carry you through a long history of this disease, giving the minute details of conditions incident to cancer, but simply to confine myself to the description of carcinoma of the throat, and the history of the case under treatment.

I will give the definition of cancer of the throat as near as possible, so that we have in a nutshell the character of the disease which we have to treat, namely : A cancerous growth in the wall of the gullet, generally undergoing ulceration, but giving rise at the same time to great narrowing of the canal ; often to perforation of the trachea or bronchi, and in rare instances to perforation of one of the large blood-vessels. In nearly all cases extreme dysphagia and marasmus are present.

Though cancer of the throat may be regarded as the typical disease of that organ, the affection with which most practitioners are best acquainted, it is not relatively common. According to Zenker and Ziemssen, in five thousand and seventy-nine autopsies, primary cancer of the gullet was present only thirteen times. Concerning the relative liability to cancer of the œsophagus as compared with other organs, there is less positive evidence. Dr. Walshe states that thirteen out of eight thousand two hundred and eighty-nine deaths from malignant disease in Paris were ascribed to cancer of the œsophagus.

The same causes which predispose to or excite cancer in other parts of the body lead to its development in the œsophagus. Among the former are heredity, age, and sex ; among the latter, continued local irritation, accidental injury, and chronic inflammation may probably be reckoned. Heredity appears to have considerable influence, for among sixty cases examined by Dr. Morrell Mackenzie with reference to this circumstance, some member of the patient's family had died from malignant disease in eleven instances, while in ten cases observed by Richardson, there was in no instance wanting a history of some malignant affection among the relatives.

Age greatly influences the outlook of the disease, which is extremely rare under forty. The greatest number of cases are met with between fifty and sixty, although the decennia immediately before and after that period furnish almost as many cases.

The tubercular diathesis, which is ordinarily regarded as antagonistic to cancer in general, has been thought, on the contrary, by Lebert, Hamberzer, and Fritsche to predispose to that

disease in the throat. Lebert observed the co-existence of pulmonary tubercle with cancer of the œsophagus in seven out of nine cases, while Béhier insists on the frequent coincidence of the two affections.

Among local causes, the abuse of spirits has, since the time of Gyser, been looked upon as an important factor in the production of œsophageal cancer, and the greater prevalence of the disease among men as compared with women has been attributed to this cause.

It is quite possible that the abuse of spirits may predispose in several ways to the development of cancer in the throat. Thus, by lowering the tone of the nervous system and causing degeneration of tissue, it may render all the organs less capable of resisting the constitutional taint. There does not, however, exist any decisive evidence on this point. Again, alcohol may directly irritate the mucous membrane, or indirectly produce a similar result by causing eructations and vomiting.

Further, when people are half intoxicated, they are apt to be careless as to what and how they eat, and under these circumstances pieces of meat or foreign bodies accidentally introduced into the food are more likely to be swallowed, and thus set up irritation. It is my opinion, that the effect of excessive indulgence in alcohol has been over-rated in considering the etiology of œsophageal cancer.

Symptoms: The most constant, striking, and important phenomenon is difficulty in swallowing. It is this which usually first attracts and then rivets the sufferer's attention. The train of symptoms is generally somewhat as follows: The patient first experiences an occasional obstruction to the descent of food, if he takes a large mouthful, or if the food is of a dry nature. In a short time this difficulty becomes habitual, and the patient complains that the food lodges somewhere, usually at the same point, when he tries to swallow. He now often begins to be troubled with cough, especially when deglutition is attempted, and as the disease progresses he is obliged to wash down every mouthful with a draught of liquid, and he soon finds that he cannot take solids at all, except after prolonged mastication and with the aid of fluids. Then he is no longer able to swallow solid food in any form, his diet is restricted to liquids, and he loses flesh rapidly.

As time goes on, in some cases, the stricture becomes so narrow that even liquids cannot be got down, or a fistulous opening being formed between the œsophagus and trachea, the swallowed liquids pass into the windpipe and are immediately ejected by a



violent and painful attack of coughing. As soon as the gullet becomes much contracted the patient begins to spit up a frothy fluid, which is at first clear, and closely resembles saliva, but which soon becomes viscid and muco-purulent, and is not unfrequently streaked with blood.

Sometimes small particles are voided, which, on microscopic examination, are found to be of a cancerous nature. Emaciation rapidly advances, and the patient soon becomes greatly wasted, and so weak that he is unable to take any exercise, or induced to perform any act requiring muscular effort. The cancerous cachexia is often absent, the patient dying of starvation before the constitution becomes markedly perverted.

I will now return to the history of the case at hand. Mr. R. R., aged sixty years, consulted me February 12th, 1888, and narrated to me the following symptoms: Great difficulty in swallowing, especially when any solids were attempted; marked aphonia was present, although at times the voice had a piping tone. The general appearance of the patient at once suggested cancer. Associated with these few throat symptoms, none of which were very peculiar, he complained of sharp cutting pains which constantly shifted from one part of the body to another. He was greatly emaciated, and almost too weak to walk. I made a careful examination of the throat with suitable throat mirrors, and from the appearance of the growth and the general symptoms present pronounced it cancer, not to the patient but to the son, who accompanied him.

The family and friends not being satisfied with my diagnosis, persuaded him to go see Professor D. Hayes Agnew, of Philadelphia, and in a letter which the doctor wrote me he confirmed the diagnosis.

My first prescription was Pulsatilla<sup>52m</sup>, a few doses, followed by Sac. lac. for one week. No improvement now showing itself, and the patient complaining of being worse, Lac caninum was given for two weeks, with the same report. I now made a very careful examination of his symptoms: he complained, among other symptoms with those before mentioned, of sleeplessness and great aggravation if he happened to fall asleep and then awakened; with this marked sensitiveness of throat to contact was present. At this date, March 5th, Lachesis<sup>cm</sup> was given, a few doses for a week. The patient not improving, I determined to repeat the Lachesis and give it in a lower potency, which I did in the thirtieth dilution; this I repeated every three hours for two weeks, and marked improvement was manifest. Sac. lac. was again given for a number of days, and the improvement

continued. I wrote to my friend, Dr. Tyrrell, of Toronto, to send me provings of Kali cyanate, if he had such, and if it were homeopathically indicated I intended to give it if Lachesis failed. He kindly sent me grafts of Lachesis in the higher dilutions and wrote me that the provings of Kali cyanate were not as yet collected. I gave my patient one dose of Lachesis<sup>mm</sup>—one of the potencies which he sent me—and he continued to improve until five weeks ago, when dysphagia set in and lasted for three days. During this time the patient was unable to swallow the least liquid or solid, not even the saliva, and was, as he says, nearly starving. Belladonna<sup>mm</sup> was now given, which relieved the spasmodic constriction of the œsophagus, after Hydrophobinum and Kali carb. had failed. He was now able to swallow, to use his own words, “better than for four months.” After this marked improvement, which all the time, you must remember, continued while taking Lachesis, his strength had returned, color of face changed, and in every way improved, as he says, four hundred per cent. Sac. lac. was given, and improvement continued. About three weeks ago, the following symptoms were manifest: Throat felt as if filled up, as if he could not swallow; white, frothy, salty mucus raised when coughing; worse toward evening. Constipation; stools large, in hard lumps; when partly expelled it slips back again. I now concluded to give Silicea<sup>cm</sup>, a few doses, which I did with continued improvement to this date. All the above symptoms have disappeared, and I contend that if cancerous conditions are curable they are only by strictly adhering to the law of *Similia, Similibus, Curantur*.<sup>\*</sup>—*Clinical Bureau I. H. A.*

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## CLINICAL REPORT OF THREE CASES TREATED BY R. B. JOHNSTONE, M. D.,

APPLICANT FOR MEMBERSHIP IN INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

PHILADELPHIA, October 1st, 1887.

TO THE HONORABLE PRESIDENT, BOARD OF CENSORS, AND GENTLEMEN OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION:—Having made application for membership in your honorable body, and in accord with the Constitution and By-Laws of your Association, I beg to submit the follow-

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<sup>\*</sup> A recent note from Dr. Allen informs us that this patient died about two months after the above report was made; the same alleviation continued up to the time of his death.—EDITORS.

ing report of cases treated by me according to the law of Similia, using the potentized remedy, and the minimum dose. I mention the following cases because they are illustrative of the golden rules which should bind us in closer brotherhood, as well as control our method of practice, that our success in relieving and curing the many agonizing troubles we meet with daily, will be beyond even our own anticipation, which if treated otherwise would unquestionably doom the patient to a life of misery, if not followed by sudden death.

CASE I.—Mr. T. J., residing at W., age, forty-one; weight, two hundred and thirty-five pounds; height, five feet and six inches.

August 17th.—About nine weeks ago, noticed an eruption upon the back of the wrists which soon spread so as to encircle the whole of the forearm, next making its appearance about the neck and forehead, the rims of the ears, bridge of nose, and upon the ankles. During this time he had consulted one of the hyphenated degree graduates of a so-called homœopathic college, and received some kind of bitter pill which was supposed to be able to turn the liver around, and cure the disease by righting the refractory organ and cause a cure by heroically striking at the supposed seat of the affection, as an adjuvant to this treatment. He also received an ointment composed of Cosmoline and the Oxide of Mercury, to be used every night, well rubbed in. After two weeks of this treatment, he was decidedly no better, stiffness of the joints in various parts of the body began to appear, the eruption became intensified and extended itself to other parts of the body, most notably the sexual organs: the scrotum became thickened and exceedingly painful, the cellular tissue beneath the skin of scrotum became enormously cedematous, the urine became blood-red, incontinent, alternately profuse and scanty, the glans and prepuce became swollen, dark-red, and erysipelatous. At this juncture of the case he became much alarmed, and consulted another physician of the rational scientific school, who prescribed a solution of Acetate of Lead to be used as a lotion, and Iodide of Potassium internally to antidote the mercurial impression which had been made by the previous prescription. He continued this treatment for two or three weeks without any noticeable change for the better; in fact, the skin symptoms were much intensified, and many other internal symptoms were added. Our patient, now having lost all confidence in doctors and medicine, did nothing but scratch himself for two weeks, when he fell into my hands. During the time which he had suspended medication most of his stomach and intestinal symp-



toms disappeared. On his first visit to me, I found the following well-defined indications.

October 28th.—Giddy when rising from a recumbent position, with chilliness and pressure in the head, forward. Brain feels as though wabbling about when shaking the head. Hair so sensitive that he can scarcely bear to comb it. Eyelids dark, red, swollen, agglutinated, œdematous; photophobia. Eyelids feel as though they were made of parchment; conjunctiva injected. Total loss of strength. Nose, dark-red, erysipelatous, intense itching; soreness of nostrils. Mouth dry, putrid breath, much thirst. Stools yellowish, bloody, cadaverous. Urine hot, burning, frequent, scanty, involuntary at night. Scrotum and penis swollen; skin thick, dark-red, erysipelatous. Frequent erections, maddening, exquisite, voluptuous itching, which nearly sets him mad, better by gentle rubbing with a silk handkerchief, better from cool applications, worse from warmth and in bed. Great sleepiness, but cannot sleep on account of itching. Worse from sitting still, better from motion and in a cool place. Eruption on the arms a quarter of an inch thick, torn and ragged from violent scratching. More or less itching on other parts of the body, having no eruption.

After carefully looking up the case, the only remedy which I could see my way clear to prescribe was *Rhus toxicodendron*, which was given him in the CM "H S" potency, and allowed to act for forty-eight hours; at the end of that time I saw him and received the following report: Improved in every respect; swelling not so dark-red, and itching much less severe. Slept well the first night, the second night slept soundly. *Sac. lac.* was given, and the previous remedy allowed to act for two days more, with marked improvement in every respect. During this time the itching had disappeared, the swelling subsided and desquamation of the involved parts was taking place rapidly. In ten days from the beginning of treatment the whole difficulty was well except the torn and lacerated wrists, which were healed kindly during the next ten days.

CASE II.—March 4th, 1885.—Thomas E. H., age, seventy-five; weight, one hundred and thirty pounds. Complains of feeling weak and lame all over, drawing in the knees, painful cracking of the knees when walking; darting pains from the hip to the hollow of the knee, aggravated when urinating; excessive backache, which causes him to lose much sleep early in the morning; must sit up or roll over in bed to get relief; brick-dust sediment in the urine, which adheres closely to the vessel. Constipation; ineffectual urging to stool, with some mucus dis-

charge. The feet are cold and numb ; cramp in calves at night, only relieved by standing on the floor. Urine passed with difficulty ; painful pressure in the bladder before urinating ; painful urging ; urine passing in drops, with burning ; *must stand with the knees bent and frequently change position* before the urine begins to pass. Don't feel that life is worth living, and has a notion to kill himself ; he would do so if not afraid of the hereafter. Gave Nux vom.<sup>cc</sup>. Six doses were given, which in the course of six weeks, entirely relieved him of the entire train of symptoms.

CASE III.—February 1st, 1882.—Mrs. L. W., married, thirty-five years of age, brown hair and eyes, full form, medium height, has had six children. Ever since she can remember has been subject to sick headaches. The pain begins all over the head, worse on the right side. Pain in temples and back of eyeballs, when pressing the eyes seems as though she could touch the pain ; pressure does not aggravate the pain. Great sensitiveness of the eyes to light during the headache. Headache usually begins in the morning, growing worse during the day until she sleeps.

Headache always better after vomiting, vomiting difficult, aggravation during vomiting, relief after. Desire to remain perfectly quiet, noise or sudden jar causes intense agony, pains throbbing, beating with the pulse ; worse from motion. Stooping causes a knife-like pain, mostly in right frontal eminence. Relief by binding the head up tightly, from hot water, worse from cold. Wants to lie with her head high. When raising the head feeling as though it would burst open, roaring and ringing in the ears all the time, soreness of the gums, canker-like (when nursing the baby), mostly in front, and on the inside of the lips. During the headache sense of a great load in the stomach, with goneness and oppression in the epigastrium. Frequent pains in the right hypochondrium and under the left shoulder-blade going through from the breast.

After the headache bruised feeling in abdomen ; can hardly stand up. Constipation ; stools causing sharp, hard pains just before the moving, relief after ; during menses pain in lower part of abdomen, sharp, always worse at the beginning. A dull pain in sacrum. Rheumatic pains in both upper arms, worse when moving, worse in right side, disinclination to move. Feet are inclined to be cold, excruciating rheumatic pains in left hip, menstrual blood thick, dark, scanty ; during menstruation face very red, fretfulness, cross, don't want people to move around. Gave Sanguinaria can.<sup>cc</sup> twelve powders.

February 25th.—On the 20th had a headache; began early in the morning, lasted all day and night, until the next day at noon; the first pains were as severe as usual, if not worse; the second day they grew much lighter, until they finally disappeared; other symptoms were present but not so severe; a new symptom of bright spots before the eyes, also clouds of gray, both of which passed off in two days. The remedy was allowed to act until March 8th. Has not had a headache for two weeks, although she has several times felt as though one was coming on.

July 16th.—Had a slight return of headache, which passed away in two hours; menses came Thursday without pain, and normal in quantity and color.

March 12th, 1886.—Remains perfectly well to this date, having had no return of the headache since the above record.

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### A CENTRE-SHOT WITH SULPHUR<sup>10,000</sup>.

Mrs. L., a lady in the forties, a native of South Carolina, has been an invalid for the last ten years, and treated here and in Europe by the best dermatologists for a rebellious eczema on her body, especially on the bends of joints, itching terribly, robbing her of sleep, taking away all appetite, and making life a burden. From childhood up she suffered from constipation, palliated off and on by the use of purgatives which still more weakened her, and she does not recollect that she ever perspired. Her courses, which always were scanty, ceased at a very early date. During the unpleasantness which the United States had with its Southern children she suffered many privations, and since then rheumatic attacks were added to the eczema, so that she suffers agony in damp weather, and, becoming a confirmed invalid, a better climate was recommended, and the family removed to California, residing at first at Stockton, and as she suffered there from intermittents, they changed to the healthier climate of Northern California. Here I made her acquaintance, and found a dried-up old woman with a broken-down constitution. For years she had on her left leg an open ulcer to which Zinc ointment was constantly applied, and still the same burning pains day and night, with excoriating discharge and sensitiveness to the least touch. Her whole skin feels subjectively hot, not objectively. The application of water burns her, and she cannot bear the touch of flannel on the eczematous spots spread out here and there over her body. Constant thirst for water, which disagrees; mouth and fauces are constantly dry and feel like cotton in it; worse in morning; all



sorts of berries distress her ; food oppresses her and lies like a load in stomach, though, as her husband says, she does not take enough to feed a bird. No inflammatory symptoms on eczema ; skin looks rather dry ; cracks easily ; sometimes little vesicles, like kernels, spring up, but they soon dry in again ; insomnia.

She received one powder of Sulphur<sup>10,000</sup>, and pellets No. 30, with the advice to take two pellets night and morning. In two weeks after taking that one dose the œdema in her legs disappeared, and the ulcer began to heal. All salves being left off, she only applied some soft linen soaked in a very weak solution of Bicarbonate of Soda, and she was astonished when she could bear the water ; the eczema also showed signs of disappearance ; sleep and appetite returned, and she began again to look her age and feel hopeful, where before despondency ruled. About three months later the eczema was nearly gone, but a crop of suppurating boils appeared, especially in glandular regions. It may have been a mistake, but she received another dose of that Sulphur<sup>10,000</sup> (made by Deschere's bottle-washing machine), and is now a well woman, thanks to Homœopathy true and simple.

S. L.

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### A PECULIAR CASE.

ALICE B. CAMPBELL, M. D., BROOKLYN.

Mr. G., aged sixty, very spare and lean, maker of complicated watches. November 20th, Sunday, was suddenly seized after dinner with vomiting, accompanied with inability to talk. Attack passed off and he seemed well.

Following morning, after breakfast, taken with same symptoms more violently, vomiting any food or drink taken. The smell of what was thrown up and from mouth was very offensive, resembling decayed shell-fish. The expression of his face was one of anguish and anxiety—wrinkled and very old. He was unable to put either words or ideas together ; could only reply in detached words. He was restless, and from what I could gather of his utterances, he felt worse lying down. Thirsty, but water did not feel good in his stomach. Moaning and lamenting, saying, "Mind gone." I had him go to bed, where he tossed all that day and following night. Gave Ars.

Next morning, Tuesday, found no change with the exception of the vomiting, which had ceased, and he was able to retain liquid food, and an additional symptom, that of constant spitting, which had come on in the night, and was now, in the morning, being continued. Spitting every minute, anywhere, regard-

less of persons or things. Evening found him in the same condition. Indifferent to outside influences. Mental condition ever worse. Does not reply to questions, and did not know his own brother. At eight P. M. was seized with total blindness. Called upon him at midnight, found pupils nearly insensible to artificial light. He got one dose of medicine Phos. at half-past twelve A. M. Went to sleep at one o'clock for the first since attack, and slept till five A. M. Awoke with his sight, and better in every respect; less restless; would answer questions; asked for music on organ, and could tell the names of the tunes. He still kept up the spitting, and could only talk in a slow, detached, and unfinished manner. The sight of a watch seemed to rouse him as nothing else did, but he could not tell time. Had no desire for anything.

Next day, Thursday, the spitting was better, and there was a general improvement.

The next day, Friday, his first remark was that he could tell time, and remembered trying the day before. After a little study he gave the correct time.

Next day, Saturday, he was up, dressed, and said aside from weakness he felt as well as he ever did. The following Wednesday he called at my office, and a week afterward returned to his business.

At beginning of attack pulse about ninety, and rather small. After vomiting ceased it fell below normal, but became fuller.

### KALI BICHROMICUM.

W. P. WESSELHÆFT, M. D., BOSTON.

Mrs. P., aged fifty-five, a fat, light-haired, phlegmatic woman, had frequent nose-bleeds from right nostril, profuse and growing steadily more copious during the past two and a half years. About three years ago she applied a "strong lotion" to her piles, which she thought were weakening her by bleeding. The piles gradually disappeared, and the nose-bleeds commenced at first slightly, but steadily increasing.

In December, 1881, she took one dose of Kali-bich.<sup>em</sup>. A month later she reported the nose-bleeds were very much less in quantity and frequency, but that several bunches had appeared at once, not bleeding. Five months later she reported frequent trouble with blind piles, which have to be reduced after stool, and sometimes protrude from exertion. Has had no return of nose-bleed for four months. I heard from her the other day; the report remaining the same.

## BOOK NOTICES AND REVIEWS.

### MEDICAL DIAGNOSIS—A MANUAL OF CLINICAL METHODS.

By J. Graham Brown, M. D. Second edition; pages, 285. New York city: E. B. Treat & Co. 1888.

The numerous volumes which are published from time to time upon diagnosis and kindred clinical topics, tend to prove the great value placed upon this branch of medicine by the medical men of to-day. Each era in medicine has its fads; the especial fads of to-day in medicine are pathology and diagnosis. But neither of these is at all the exact science which it is claimed to be. Both are useful and both are extremely fallacious, if used improperly. Dr. Brown, in the introduction to his work, tells us that "without accurate diagnosis there can be no rational treatment." We beg leave to differ with Dr. Brown, or at least to suggest to him that there must be very little "accurate treatment" in his school!

Dr. Brown is an Edinburgh physician, and so it is to be presumed he reflects in his work the views of that school of medicine. The volume is an abbreviated review of the general features of clinical diagnosis. To those physicians who like to know the views of different teachers, this volume will be of interest.

### TRANSACTIONS OF THE FORTY-FIRST SESSION OF THE AMERICAN INSTITUTE OF HOMOEOPATHY, Niagara Falls, June, 1888. Published by Dr. Pemberton Dudley, General Secretary.

Dr. Dudley deserves great credit for publishing so promptly this neat volume of over eight hundred pages. Those who have not had any experience with such editing little appreciate the many difficulties it presents.

Of the contents of this volume, we are glad to note that they give more than usual attention to materia medica and clinical medicine. There are some papers in this volume which are really homoeopathic in their tone and character. It is a welcome change. Too much attention cannot be given to study of the *Organon* and the *Materia Medica*.

### FOX'S ATLAS OF SKIN DISEASES, WITH PHOTOGRAPHIC ILLUSTRATIONS. Second edition. Parts 7 and 8; price, \$2.00 each. New York: E. B. Treat & Co.

These two parts of this well-known atlas treat of such diseases as porrigo, erysipelas, furunculus, carbunculus, etc. Chapter third treats of purpura and scorbutus; chapter fourth, of *vitellus phlegmaticus*, lentigo, chloasma, clavus, etc. The plates are, of course, very fine.

### THE PREFERABLE CLIMATE FOR PHTHISIS.

In this paper, read before the late International Medical Congress, Dr. Charles Denison attempts to show the attributes which in his experience go to make up the ideal climate for consumptives. The essential features of this climate he considers to be: 1, dryness, as opposed to moisture; 2, coolness or cold, as preferable to warmth or heat; 3, rarefaction, as opposed to sea-level pressure; 4, sunshine, as opposed to cloudiness; 5, variability of temperature, as opposed to equability.

Dr. Denison has given great attention to the subject of climate in this disease, hence his papers are worthy of careful attention.



MONTREAL TRACTS ON HOMŒOPATHY, No. 5. Treats of the misrepresentations of Homœopathy. Dr. Thomas Nichol is the editor.

A REJOINDER TO DR. HUGHES. By Prosper Bender, M. D.

In his address, delivered before the Hahnemann Society of the Boston University of Medicine, Dr. Prosper Bender commented upon the Dr. Hughes' work on "Therapeutics." To this criticism Dr. Hughes made reply in the *New England Medical Gazette*. Dr. Bender now answers. We quote a sentence or two from this able rejoinder, as they give a concise reason why true homœopaths should reject Dr. Hughes' work. On page five, we read:

"In truth, dear Dr. Hughes, you have sought to give your readers an *easy system of Homœopathy*; a dependence upon which will frequently lead to professional failure. Your system is, in a measure, *the old-school generalization*, exempting one from the laborious method of the differentiating of the elements of the case and of drug-action. You overlook the subjective symptoms, the modalities, conditions, etc., which generally enable the Hahnemannian to prescribe successfully." (Italics ours.)

## NOTES AND NOTICES.

REMOVALS.—Dr. Overton F. Macdonald, from Toronto to Wissahickon, Philadelphia; Dr. Chas. L. Dyer, from San José, California, to Baltimore.

HAHNEMANNIAN MONTHLY: FOR SALE.—Thirty-six volumes of this well-known periodical, unbound, for sale. They form part of the medical library of the venerable Dr. Adolphus Fellger, lately deceased. Apply to Mrs. Dr. Ad. Fellger, 154 N. Eleventh St., Philadelphia.

DR. LIPPE'S LIBRARY.—Catalogues of the medical library of the late Dr. Ad. Lippe are ready, and will be mailed upon application to W. C. Hall, Esq., executor, 251 S. Fourth St., Philadelphia.

DR. FAULKNER'S VISITING LIST for the new year has just been issued. It contains spaces for recording the prescription as well as the visit paid. In the forepart is a neat little repertory for ready reference in acute cases. Like so many other Visiting Lists, it is perpetual.

OTIS CLAPP & SON'S VISITING LIST for Physicians, comes along for the new year. It is not only a record of visits, but it has space for the noting of the remedy given. It is perpetual.

A JOURNAL OF OPHTHALMOLOGY, OTOTOLOGY, ETC.—In January next there will be published by A. L. Chatterton & Co., New York, *The Journal of Ophthalmology, Otology, and Laryngology*. It will be edited by George S. Norton, M. D., assisted by Chas. Dedy, M. D. The editors have determined to make the journal of the highest practical value to all interested in the eye, ear, or throat. To accomplish this the mass of material to be found at the N. Y. Ophthalmological Hospital will be utilized, in addition to which there will be articles by prominent authorities throughout the country. The publication will appear quarterly, and consist of about four hundred pages at three dollars per year.















